



National Resource Center on Homelessness and Mental Illness

Case Management and Assertive Community Treatment (ACT)

January 2004

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Policy Research Associates, Inc., under contract to the Center for Mental Health Services

Case Management/ACT

Order #: 12354

Authors: Alexander, M., Haugland, G.

Title: Integrating Services for Co-occurring Disorders.

Source: Orangeburg, NY: Nathan S. Kline Institute for Psychiatric Research, 2000. (Report: 138 pages)

Abstract: This report provides the research and data context that supports integrating services, documents the barriers experienced in New York State, and describes strategies that have met with some success in integrating services. Topics discussed in this report include identification and assessment of co-occurring disorders, assertive community treatment, the forensic system, housing, peer driven models of dual recovery, and staff training. Sample forms for each county are also included as appendices (authors).

Available From: Nathan S. Kline Institute for Psychiatric Research, 140 Old Orangeburg Road, Orangeburg, NY 10962, (845) 398-6584, www.csipmh.rfmh.org.

Order #: 13087

Authors: Allness, D., Knoedler, W.

Title: National Program Standards for ACT Teams.

Source: Iowa City, IA: The Iowa Consortium for Mental Health, 2003. (Unpublished Paper: 34 pages)

Abstract: According to the authors, a number of second and third generation studies have shown that ACT programs have not achieved a similar degree of positive outcomes as the original PACT research. Typically lack of strong fidelity to the ACT model is the demonstrated contributor to poorer results. This new version of the National Program Standards for ACT Teams not only provides minimum standards for program operation but it also provides brief descriptions of the rationale for many of the ACT requirements which have been difficult for providers and administrators to understand and implement. In addition, the ACT Standards have been modified to emphasize that ACT is a client-centered, recovery-oriented service delivery model. The authors assert that client empowerment, involvement, and choice are fundamental to the principles and operation of individualized, collaborative, and effective ACT service delivery (authors).

Available From: The Iowa Consortium for Mental Health, The University of Iowa College of Medicine, Psychiatric Research 1-400 MEB, Iowa City, IA 52242, (319) 353-5436, <http://psych.iupui.edu/ACTCenter/NationalPACTStandards.pdf>

Order #: 7029

Authors: Allness, D.J.

Title: The Program of Assertive Community Treatment (PACT): The Model and Its Replication.

Source: New Directions for Mental Health Services 74: 17-26, 1997. (Journal Article: 10 pages)

Abstract: This article presents a basic introduction to the Program of Assertive Community Treatment (PACT) model of care, research findings, and views on PACT model replication. PACT is a service delivery model for providing comprehensive community-based treatment to persons with severe and persistent mental illness. The article describes the primary goals of PACT treatment, fundamental PACT principles, and PACT research findings and conclusions. Dissemination and replication of the model are also discussed and lessons learned from these efforts are reviewed briefly. The author concludes that when implemented correctly, PACT offers a cost-effective alternative to long-term institutionalization.

Case Management/ACT

Order #: 7061

Authors: Arapahoe House.

Title: Project PROUD/Homelessness Prevention Study Case Manager's Intervention Handbook.

Source: Thornton, CO: Arapahoe House, 1997. (Manual: 75 pages)

Abstract: This manual documents Arapahoe House's intensive case management homelessness prevention program. Arapahoe House successfully bid for a contract to implement and evaluate the Project to Reduce Over-Utilization of Detoxification Services (PROUD) in the state of Colorado. The model designed by Arapahoe House consists of an intensive case management intervention in which a team of case managers works in pairs or dyads with chronic users of detoxification services. These individuals are characterized by severe substance use disorders, and, in at least half the cases, serious mental illness. The population also includes those who are homeless, those at-risk of becoming homeless, and those formerly homeless. Intended outcomes of the program include reduction in subsequent use of detoxification services, and homelessness prevention. This manual describes the model itself and case management strategies used.

Order #: 5974

Authors: Barrow, S., Cordova, P., Struening, E.L.

Title: Evaluation of A-Plus: A Report on Case Management Services and Housing Outcomes.

Source: New York, NY: New York State Psychiatric Institute, 1996. (Report: 43 pages)

Abstract: This report examines case management and housing outcomes in a sample of homeless women with a serious mental illness who were referred to "A Project to Link Up Services" (A-PLUS), which provides psychiatric and case management services to residents of New York City's single women's shelters. A-PLUS is a transitional program designed to help homeless women with serious psychiatric disabilities move from the shelters into more appropriate housing settings and to obtain the supportive services they need to maintain residential stability. Topics discussed include: aims, design, and methods of the outcome evaluation; delivery of case management services; housing outcomes of eligible clients; delivery of case management services; housing status, linkage to mental health services and quality of life; and summary findings. Results show that the program has succeeded in identifying women with mental illnesses in need of services and assisting a significant proportion of them to obtain more appropriate living situations. The authors contend that these findings not only document A-PLUS's effectiveness in serving a portion of the shelter population in special need of assistance, but also endorse the centrality of permanent housing in the effort to ensure that homeless women with mental illnesses will obtain the services they need and the quality of life they desire.

Available From: New York State Psychiatric Institute, 1051 Riverside Drive New York, NY 10032,
<http://www.nyspi.cpmc.columbia.edu>.

Order #: 1832

Authors: Bawden, E.L.

Title: Reaching Out to the Chronically Mentally Ill Homeless.

Source: Journal of Psychosocial Nursing and Mental Health Services 28(3): 6-13, 1990. (Journal Article: 8 pages)

Abstract: The purpose of this article is to focus on major characteristics of homeless people with mental illnesses, to identify intensive case management as a means to engage and service this population, and to show how a non-traditional approach is required for any degree of success. Case reports are provided to illustrate specific principles in working with the homeless mentally ill (author).

Case Management/ACT

Order #: 8861

Authors: Bebout, R., McHugo, G.J., Cleghorn, J.S., Harris, M., Xie, H., Drake, R.E.

Title: **The DC Homelessness Prevention Project: A Study of Housing and Support Models for Mentally Ill Individuals at Risk for Homelessness: Final Report.**

Source: Rockville, MD: Substance Abuse and Mental Health Services Administration, 2001. (Report: 56 pages)

Abstract: This study compared two contrasting approaches to linking housing and intensive case management services for adults with severe mental illness who were at risk for homelessness. The Continuum Housing Model provided a range of housing options, with varying amounts of staff supports and congregate living, that was controlled by the same agency that provided mental health services. The Supported Housing model provided 24-hour housing supports for clients who were in independent housing, controlled by private landlords, on the open market. Results showed that clients in the Continuum Housing program were more likely to be in stable housing throughout the 18-month follow-up, and that they also reported fewer psychiatric symptoms and higher life satisfaction.

Available From: Substance Abuse and Mental Health Services Administration, Room 12-105 Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857, www.samhsa.gov.

Order #: 7779

Authors: Bebout, R.R.

Title: **Housing Solutions: The Community Connections Housing Program: Preventing Homelessness By Integrating Housing and Supports.**

Source: Alcohol Treatment Quarterly 17(1/2): 93-112, 1999. (Journal Article: 20 pages)

Abstract: This article describes the key features of a comprehensive housing program serving formerly homeless and at-risk adults with serious and persistent mental illness. The program combines intensive case management, integrated dual diagnosis treatment, and other clinical services with a range of housing options which are operated under the auspices of a single agency. For individuals with co-occurring substance use disorder, housing responses are guided by a four stage model of treatment and recovery. The authors offer a rationale for the continuum approach's relevance for high risk populations, especially those in poor urban settings where safety and harm reduction are a high priority (authors).

Order #: 10149

Authors: Bollig, J.

Title: **Hennepin County's Street Case Management Project.**

Source: Minneapolis, MN: Hennepin County Adult Services Chemical Health Division, 2001. (Videotape: 9 minutes)

Abstract: This video is an overview of the Hennepin County Street Case Management Project. The Street Case Management Project (SCMP) has been operating since January 1, 1996. As of July 1, 1996 it received a grant from the Chemical Dependency Division of the Minnesota Department of Human Services (DHS). Grant funds were awarded to provide innovative services to persons living in Hennepin County who are homeless, chemically dependent, utilizing high levels of detox and Hennepin County Medical Center (HCMC) emergency department services. This is an overview of how the SCMP is providing these innovative services.

Available From: Hennepin County Adult Services Chemical Health Division, 1800 Chicago Avenue, South, Minneapolis, Minnesota 55404, (612) 879-3513, robert.olander@co.hennepin.mn.us, COST: \$8.95.

Case Management/ACT

Order #: 12741

Authors: Bond, G.

Title: Assertive Community Treatment for People with Severe Mental Illness.

Source: Indianapolis, IN: Department of Psychology, Indiana University-Purdue University Indianapolis, 2002. (Report: 14 pages)

Abstract: In this paper, the author takes an in-depth look at Assertive Community Treatment (ACT). The effectiveness, negative outcomes, clinical guidelines, and target population are discussed, and implementation strategies and sample programs are examined. The author's main focus, however, is on the essential features of the ACT program, which include multidisciplinary staffing, integration of services, team approach, client-staff ratios, locus of contact in the community, medication management, everyday problems-focus, rapid success, assertive outreach, individualized services, and time-unlimited services. Descriptions and detailed summaries are given for each of these features (authors).

Available From: Gary Bond, Department of Psychology, Indiana University-Purdue University Indianapolis, 402 North Blackford Street, Indianapolis, IN 46202. (317) 274-6752, gbond@iupui.edu.

Order #: 2200

Authors: Bond, G.R., McDonel, E.C., Miller, L.D., Pensec, M.

Title: Assertive Community Treatment and Reference Groups: An Evaluation of Their Effectiveness for Young Adults with Serious Mental Illness and Substance Abuse Problems.

Source: Psychosocial Rehabilitation Journal 15(2): 31-43, 1991. (Journal Article: 13 pages)

Abstract: This study examined the outcomes of 97 dually diagnosed clients during 18 months of treatment. Clients were assigned to either an experimental or control group at each of three community mental health centers (CMHC's). Two different experimental treatment approaches were used: either assertive community treatment (ACT) or educational support groups, called reference groups (RG). The controls received usual CMHC services. After 18 months, 65% of the ACT and 83% of the RG clients, compared to 40% of those in the control groups, were still engaged in treatment. Few differences were found between the experimental and control groups in client outcomes. RG clients reported a reduction in alcohol and marijuana use during the treatment period. During follow-up, ACT and control groups reduced the number of hospital days compared to the prior year, whereas RG and control groups decreased the number of hospital admissions (authors).

Order #: 1624

Authors: Bond, G.R., Pensec, M., Dietzen, L., McCafferty, D., Glemza, R., Sipple, H.W.

Title: Intensive Case Management for Frequent Users of Psychiatric Hospitals in a Large City: A Comparison of Team and Individual Caseloads.

Source: Psychosocial Rehabilitation Journal 15(1): 90-99, 1991. (Journal Article: 10 pages)

Abstract: Two intensive case management approaches (team approach and individual case load approach) serving frequent users of psychiatric hospitals and emergency rooms were compared over a two-year period. The team approach was initially unsuccessful in reducing hospital use, but became increasingly successful over time. By contrast, clients assigned to the individual caseload approach showed a cyclical pattern of use. It was hypothesized that a team approach may provide for greater continuity of treatment, mitigating the impact of staff turnover (authors).

Case Management/ACT

Order #: 2619

Authors: Bond, G.R., Witheridge, T.F., Dincin, J., Wasmer, D., Webb, J., De Graaf-Kaser, R.

Title: **Assertive Community Treatment for Frequent Users of Psychiatric Hospitals in a Large City: A Controlled Study.**

Source: American Journal of Community Psychology 18(6): 865-891, 1990. (Journal Article: 26 pages)

Abstract: This article describes a study that examined one-year outcomes for 82 clients, averaging over 17 lifetime psychiatric hospitalizations, randomly assigned either to assertive community treatment (ACT) or to a drop-in (DI) center. After one year, 76% of the ACT clients and only 7% of DI clients were involved in the respective programs. The ACT team averaged two home and community visits per week to each client. ACT clients averaged significantly fewer state hospital admissions and state hospital days than did DI clients. ACT clients reported greater satisfaction with program services, fewer contacts with the police, and less difficulty with practical problems associated with psychiatric readmission. More ACT clients were known to have stable community housing. Annual per-client treatment costs for ACT were estimated to be \$1,500 less than for DI (authors).

Order #: 11658

Authors: Bonham, G.S.

Title: **Recruitment of Homeless Men with Alcohol and Drug Problems into Case Management.**

Source: Alcoholism Treatment Quarterly 9(3/4): 57-76, 1992. (Journal Article: 20 pages)

Abstract: This article examines a sobering-up station and a jail liaison as the primary outreach components for recruiting men into the case management core of Project Connect in Louisville, Kentucky. Among 1,600 men who had contact with these outreach components, 11 percent accepted case management within a year, but none of those who visited it a single time, or only had contact with the jail liaison were recruited. The frequency of visiting the sobering-up station was the single most important factor, followed in order of importance by jail stays, age, and the interaction between race and the frequency of sobering up station visits. The model accounts for over half of the dispersion in loglinear analysis (authors).

Order #: 9186

Authors: Brindis, C.D., Theidon, K.S.

Title: **The Role of Case Management in Substance Abuse Treatment Services for Women and Their Children**

Source: Journal of Psychoactive Drugs 29(1): 79-88, 1997. (Journal Article: 10 pages)

Abstract: Given that addiction is a chronic, relapsing disease, ongoing support services are considered a crucial part of preventing relapse and assisting clients in building the foundation for a drug-free life. Building on the substantial history of case management services with other at-risk client populations, drug treatment programs have begun to integrate case management services as an effective, cost-efficient method of delivering coordinated care. This article summarizes what managed care is, describes three conceptual models, discusses the primary functions of case management, and reviews various programs that have used case management for chemically dependent women and their children. Also included is a presentation of the results of a survey of 46 cases managers involved in seven pilot sites of California's Options for Recovery (OFR) treatment program, which combines case management and drug treatment. More than 50% of the respondents had worked as case managers previous to joining OFR. Approximately 38% of the OFR case managers spent 20% to 30% of their work week completing paperwork; 26% met with clients at least once per week and 25% met with clients every other week. The average case load was 20 clients, but case managers reported that 15 clients would be ideal. Nearly all the clients had a high risk profile, with histories of varying problems ranging from drug use and abusive relationships to homelessness.

Case Management/ACT

Order #: 7407

Authors: Burns, B.J.

Title: **Links Between Research Findings and the Future of Assertive Community Treatment: A Commentary**

Source: American Journal of Orthopsychiatry 68(2): 261-264, 1998. (Journal Article: 4 pages)

Abstract: This article comments on a new series of research done on Assertive Community Treatment (ACT). The author examines the findings of this research with consideration for changes in health policy and the future of ACT. The author discusses eligibility, intensity of services, duration of care, quality monitoring, outcomes assessment, and costs. The author concludes that commitment to collaboration among the relevant policy, clinical, and research partners will be critical to success.

Order #: 3104

Authors: Burns, B.J., Santos, A.B.

Title: **Assertive Community Treatment: An Update of Randomized Trials.**

Source: Psychiatric Services 46(7): 669-675, 1995. (Journal Article: 7 pages)

Abstract: This article reviews the results of randomized clinical trials of assertive community treatment (ACT) for persons with serious mental illnesses published between 1990 and 1994. Findings indicate strong positive effects of ACT on hospital days and on patient and family satisfaction. However, gains in functional outcomes, such as employment, may require interventions specifically targeted to these outcomes which may or may not include ACT (authors).

Order #: 7973

Authors: Calsyn, R.J., Morse, G.A., Klinkenberg, W.D., Trusty, M.L., Allen, G.

Title: **The Impact of Assertive Community Treatment on the Social Relationships of People who are Homeless and Mentally Ill.**

Source: Community Mental Health Journal 34(6): 579-593, 1998. (Journal Article: 15 pages)

Abstract: This article examines two randomized experiments to compare the effectiveness of the assertive community treatment (ACT) team against other treatments (outpatient therapy, drop-in center, and brokered case management) in improving the social relationships of individuals who were both homeless and suffered from severe and persistent mental illness. In both studies, clients assigned to ACT teams reported having more professionals in their social networks than clients assigned to other treatments. Clients did not report significant differences between treatment conditions on most of the other social relationship dimensions. The authors recommend placing further attention to developing social skills and network interventions within ACT teams (authors).

Case Management/ACT

Order #: 8825

Authors: Calsyn, R.J., Winter, J.P., Morse, G.A.

Title: Do Consumers Who Have a Choice of Treatment Have Better Outcomes?

Source: Community Mental Health Journal 36(2): 149-160, 2000. (Journal Article: 12 pages)

Abstract: This study used a non-equivalent control group design to investigate the effect of consumer choice of treatment on both process and outcome variables. All study participants suffered from severe mental illness, were homeless at baseline, and were enrolled in a modified Assertive Community Treatment (ACT) program. Consumers in the choice condition had selected the ACT program from a menu of five treatment programs; clients in the no-choice condition were simply assigned to the ACT program by an intake worker. Results found that consumers in the choice condition visited the ACT staff at their offices more than consumers in the no-choice condition, but there were no significant differences between groups on the other treatment process variables. Although consumers in the choice condition increased their income more than consumers in the no-choice condition, there were no significant differences between groups on the other outcome variables (stable housing, psychotic symptoms, depression, and substance abuse) (authors).

Order #: 11323

Authors: Center for Substance Abuse Treatment.

Title: TIP 27: Comprehensive Case Management for Substance Abuse Treatment.

Source: Washington, DC: Center for Substance Abuse Treatment, 1998. (Monograph: 139 pages)

Abstract: This monograph details the factors that programs should consider as they decide to implement case management or modify their current case management activities. Research suggests two reasons why case management is effective as an adjunct to substance abuse treatment. First, retention in treatment is associated with better outcomes, and a principal goal of case management is to keep clients engaged in treatment and moving toward recovery. Second, treatment may be more likely to succeed when a client's other problems are addressed concurrently with substance abuse. Case management focuses on the whole individual and stresses comprehensive assessment, service planning, and service coordination to address multiple aspects of a client's life. Comprehensive substance abuse treatment often requires that clients move to different levels of care or systems; case management facilitates such movement (authors).

Available From: National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345 Rockville, MD 20847, (800) 729-6686, www.health.org/govpubs/BKD251/

Order #: 12032

Authors: Chandler, D., Spicer, G.

Title: Capitated Assertive Community Treatment Program Savings: System Implications.

Source: Administration and Policy in Mental Health 30(1): 3-19, 2002. (Journal Article: 17 pages)

Abstract: In a California county of one million people, 500 clients, 4% of all those served in 1994, were found to use 38% of publicly funded mental health services. A controlled experiment was designed to test whether a capitated Assertive Community Treatment (ACT) program could produce outcomes that were equivalent or better than "usual services" for a subset of very-high-utilizing clients while reducing costs. Results showed that major challenges in using an ACT program for cost reduction were successfully met. Costs over all 4 years were substantially lower for the experimental group than for randomly assigned comparison group (authors).

Case Management/ACT

Order #: 8014

Authors: Chinman, M.J., Lam, J.A., Davidson, L., Rosenheck, R.

Title: **Comparing Consumer and Nonconsumer Provided Case Management Services for Homeless Persons with Serious Mental Illness.**

Source: Journal of Nervous and Mental Disease 188(7): 446-453, 2000. (Journal Article: 8 pages)

Abstract: This article compares the outcomes of services provided by case managers who are mental health system consumers and case managers who are not consumers. The study focused on the first two cohorts that entered the ACCESS program, a five-year demonstration program funded by the Center for Mental Health Services in 1994. The associations between the type of case manager and clinical outcomes were measured at three time points (baseline, three months, and 12 months). Although there were significant effects of time for almost every outcome measure (clients improved over time), there were no significant interaction of time and case manager type. Staff age, race, or gender did not significantly alter the pattern of these result. Given that services provided by consumers and nonconsumers were associated with equivalent clients outcomes, the authors state that the present study shows the ability of consumers to provides mental health services as members of a case management team.

Order #: 8693

Authors: Chinman, M.J., Rosenheck, R., Lam, J.A.

Title: **The Case Management Relationship and Outcomes of Homeless Persons with Serious Mental Illness.**

Source: Psychiatric Services 51(9): 1142-1147, 2000. (Journal Article: 6 pages)

Abstract: This article examines the effect of the case management relationship on clinical outcomes among homeless persons with serious mental illness. The sample consisted of the first two cohorts (N=2,798) that entered the Access to Community Care and Effective Services and Supports (ACCESS) program. At baseline, three months, and 12 months, clients were characterized as not having a relationship with their case manager or as having a low or high therapeutic alliance with their case manager. No significant associations were found between the relationship with the case manager at baseline and outcomes at 12 months. At three months, clients who had formed an alliance with their case manager had significantly fewer days of homelessness at 12 months. Clients who reported a high alliance with their case manager at 12 months had significantly fewer days of homelessness at 12 months than those with a low alliance, and those with a low alliance had fewer days of homelessness than clients who reported no relationship. The authors conclude that clients' relationship with their case manager was significantly associated with homelessness and modestly associated with general life satisfaction (author).

Order #: 8636

Authors: Chinman, M.J., Rosenheck, R., Lam, J.A.

Title: **The Development of Relationships Between People Who Are Homeless and Have a Mental Disability and Their Case Managers.**

Source: Psychiatric Rehabilitation Journal 23(1): 47-55, 1999. (Journal Article: 9 pages)

Abstract: Using data collected from people who are homeless and have a mental disability and who participated in the first two years of the Center for Mental Health Services' Access to Community Care and Effective Services and Supports (ACCESS) national demonstration project, the authors assessed which person-related characteristics predicted the formation and the strength (therapeutic alliance) of a relationship with a clinical case manager. The results are organized into a framework for understanding the development of a clinical case manager relationship. Implications for outreach to clients who are homeless and have a mental illness are discussed (authors).

Case Management/ACT

Order #: 8695

Authors: Chinman, M.J., Rosenheck, R.A., Lam, J.A.

Title: **Client-Case Manager Racial Matching in a Program for Homeless Persons with Serious Mental Illness**

Source: Psychiatric Services 51(10): 1265-1272, 2000. (Journal Article: 8 pages)

Abstract: This article examines the relationship between client-case manager racial matching and both service use and clinical outcomes in a case management program for homeless persons with serious mental illness. The study focused on 1,785 clients from the first cohorts that entered the Access to Community Care and Effective Services and Supports (ACCESS) program. Although African-Americans had more severe problems on several measures and higher levels of service use at baseline, no differences in service use at 12 months or in the changes in client outcomes as measured by nine variables were associated with the different pairings of African-American and white clients and case managers. White clients had a greater reduction in psychotic symptoms than did African-American clients, regardless of client-case manager racial pairing. This study found virtually no evidence of a relationship between client race, case manager race, or client-case manager racial matching on either outcomes or service use (authors).

Order #: 12605

Authors: Clark, C., Rich, A.

Title: **Outcomes of Homeless Adults with Mental Illness in a Housing Program and in Case Management Only.**

Source: Psychiatric Services 54(1): 78-83, 2003. (Journal Article: 6 pages)

Abstract: In this article, the authors discuss and compare two types of service programs in ameliorating homelessness among individuals with severe mental illness. Homeless persons with severe mental illness were recruited into the study on their entry into one of two types of homeless service programs. The first was a comprehensive housing program, in which consumers received guaranteed access to housing, housing support services, and case management. The second was a program of case management only, in which consumers received specialized case management services. The authors state that persons with high psychiatric symptom severity and high substance use achieved better housing outcomes with the comprehensive housing program than with case management alone. The authors also state that persons with low and medium symptom severity and low levels of alcohol and drug use did just as well with case management alone. The article asserts that the effectiveness, and ultimately the cost, of homeless services can be improved by matching the type of service to the consumer's level of psychiatric impairment and substance use rather than by treating mentally ill homeless persons as a homogeneous group (authors).

Order #: 5991

Authors: Clark, R.E., Drake, R.E., McHugo, G.J., Ackerson, T.H.

Title: **Incentives for Community Treatment: Mental Illness Management Services.**

Source: Medical Care 33(7): 729-738, 1995. (Journal Article: 10 pages)

Abstract: The authors explain that serving people with mental and other chronic illnesses in community settings may improve compliance and satisfaction with treatment, but existing payment mechanisms often favor office-based treatment. This article describes a study examining the effect of a change in Medicaid payment on the location and amount of service provided by case managers. Amounts of service given by treatment providers to 185 of their clients in community settings and in mental health centers were compared before and after reimbursement changed from an all-inclusive prospective rate to a mixed prospective/retrospective payment. Clients were enrolled in two different treatment programs: continuous treatment teams with extensive training in vivo treatment, and a case management program that emphasized office-based treatment. Results show that mixed prospective and retrospective reimbursement can remove financial barriers to in-community treatment, but the mix works best in combination with a training program. The authors suggest further research to determine the precise financial impact of such changes (authors).

Case Management/ACT

Order #: 7302

Authors: Conrad, K.J., Hultman, C.I., Pope, A.R., Lyons, J.S., Baxter, W.C., Daghestani, A.N., Lisiecki, J.P., Elbaum, P.L., McCarthy, M., Manheim, L.M.

Title: **Case Managed Residential Care for Homeless Addicted Veterans: Results of a True Experiment.**

Source: Medical Care 36(1): 40-53, 1998. (Journal Article: 14 pages)

Abstract: This article examined the effectiveness of case-managed residential care (CMRC) in reducing substance abuse, increasing employment, decreasing homelessness, and improving health. A five-year experiment included 358 homeless addicted male veterans at three, six, and nine months during their enrollment and at 12, 18, and 24 months after the completion of the experimental CMRC program. The experimental group showed significant improvement compared with the control on the medical, alcohol, employment, and housing measures during the two-year period. These group differences tended to occur during the treatment year, however, and to diminish during the follow-up year (authors).

Order #: 11085

Authors: Cox, B.G., Walker, R.D., Freng, S.A., Short, B.A., Meijer, L., Gilchrist, L.

Title: **Outcome of a Controlled Trial of the Effectiveness of Intensive Case Management for Chronic Public Inebriates.**

Source: Journal of Studies on Alcohol 59(5): 523-532, 1998. (Journal Article: 11 pages)

Abstract: The objective of this study was to test whether an intensive case management intervention would be effective with a group of homeless chronic public inebriate clients. The primary goals of the case management were to improve the financial and residential stability of the clients and to reduce their use of alcohol. The results indicated that case management had a beneficial effect on the clients receiving it. This effect may have been the result of an increase in services received by the case managed clients (authors).

Order #: 7293

Authors: Curtis, J.L., Millman, E.J., Struening, E.L., D'Ercole, A.

Title: **Does Outreach Case Management Improve Patients' Quality of Life?**

Source: Psychiatric Services 49(3): 351-354, 1998. (Journal Article: 4 pages)

Abstract: This article examined whether enhancing standard aftercare with an outreach case management intervention would improve patients' quality of life. A sample of 292 patients discharged from an inpatient psychiatry service were assigned to either an intervention group that received the case management or a control group that received standard aftercare services. Interviews were conducted during the follow-up period, which lasted 15 to 52 months, to determine quality of life in 39 different categories. No difference was found between the groups on any of the quality of life variables. The authors conclude that outreach case management was not associated with improved quality of life (authors).

Order #: 3103

Authors: Deci, P.A., Santos, A.B., Hiott, D.W., Schoenwald, S. Dias, J.K.

Title: **Dissemination of Assertive Community Treatment Programs.**

Source: Psychiatric Services 46(7): 676-678, 1995. (Journal Article: 3 pages)

Abstract: This study sought to estimate the number of programs in the United States for adults with serious mental illnesses that used the assertive community treatment (ACT) model, as well as describe variations in characteristics of the intervention across programs. Assertive community treatment programs that were identified by state mental health authorities completed a survey, which included questions concerning case loads, treatment teams, and structure of service provision. A total of 303 programs responded to the survey. The findings indicate that ACT programs have disseminated quite unevenly across 33 states, with the highest concentrations of programs in Midwestern and eastern states (authors).

Case Management/ACT

Order #: 3064

Authors: Diamond, R.J.

Title: Coercion and Tenacious Treatment in the Community: Applications to the Real World.

Source: In Dennis, D., and Monahan, J. (eds.), Coercion and Aggressive Community Treatment: A New Frontier in Mental Health Law. New York, NY: Plenum Publishing Corporation, 1996. (Book Chapter: 23 pages)

Abstract: Coercion in community-based programs has become an increasing concern. Much of this concern has coincided with the development of assertive community treatment programs. The development of PACT (Program For Assertive Community Treatment), ACT (Assertive Community Treatment) teams, and a variety of similar mobile, continuous treatment programs, has made it possible to coerce a wide range of behaviors in the community. This chapter discusses coercion in clinical situations; coercion and the range of coercive interventions available in the community; court-ordered treatment as the most extreme end of the continuum of coercive interventions; and how the need for coercion can be decreased (author).

Order #: 2155

Authors: Dietzen, L.L., Bond, G.R.

Title: Relationship Between Case Manager Contact and Outcome for Frequently Hospitalized Psychiatric Clients.

Source: Hospital and Community Psychiatry 44(9): 839-843, 1993. (Journal Article: 5 pages)

Abstract: This study examined case management services and client outcomes in seven programs based on the assertive community treatment model. The goal of the study was to determine the variability in frequency and location of case management services, to determine the relationship of frequency of services with reduction in hospital use and with client satisfaction with services, and to identify subgroups of clients who received different patterns of services. The authors hypothesize that a minimum threshold of services, which may vary for individual clients, may be necessary to reduce hospital use for frequently hospitalized clients. The authors identified service utilization clusters which may represent clients with different service needs and preferences (authors).

Order #: 2154

Authors: Dincin, J., Wasmer, D., Witheridge, T.F., Sobock, L., Cook, J., Razzano, L.

Title: The Impact of Assertive Community Treatment on the Use of State Hospital Inpatient Bed-Days.

Source: Hospital and Community Psychiatry 44(9): 833-838, 1993. (Journal Article: 6 pages)

Abstract: The purpose of this study was to determine whether use of inpatient services at a state hospital was reduced by implementation of an assertive community treatment (ACT) program for people in one of the hospital's catchment areas who were at high risk for rehospitalization. Utilization by program participants during the fiscal year before the program and three subsequent fiscal years was compared with utilization by people in catchment areas not served by the program. The authors conclude that the assertive community treatment program significantly reduced use of inpatient days and improved continuity of care (authors).

Case Management/ACT

Order #: 1904

Authors: Dixon, L., Friedman, N., Lehman, A.

Title: **Housing Patterns of Homeless Mentally Ill Persons Receiving Assertive Treatment Services.**

Source: Hospital and Community Psychiatry 44(3): 286-289, 1993. (Journal Article: 4 pages)

Abstract: This study examines the housing patterns of a group of homeless patients with mental illnesses receiving psychiatric services, case management, and social services from an assertive community outreach team (ACT) modeled after the PACT program originally developed by Stein and Test. The authors attempt to describe the stability and mobility of this population, to document explanations of instability, and to evaluate whether specific clinical, demographic, or housing-related factors were associated with a person's housing status. Thirty-three homeless patients with mental illnesses consecutively recruited to work with the assertive community treatment team were assessed (authors).

Order #: 1983

Authors: Dixon, L., Friedman, N., Lehman, A.

Title: **Compliance of Homeless Mentally Ill Persons With Assertive Community Treatment.**

Source: Hospital and Community Psychiatry 44(6): 581-583, 1993. (Journal Article: 3 pages)

Abstract: This paper reports preliminary data on the first 26 patients to complete three months of treatment in a prospective study to assess compliance patterns of a sample of homeless people with mental illnesses. Specifically, the study evaluated compliance patterns of homeless patients receiving psychiatric care and case management services from an assertive community treatment (ACT) team in Baltimore. Although these data are preliminary, they show that homeless patients with mental illnesses who were offered an assertive community outreach approach with comprehensive services, were largely able to adhere to treatment recommendations in most domains except for daily structure. Patients were least compliant in the domain of daily structure, suggesting the importance of low-demand housing and drop-in centers for these individuals.

Order #: 7237

Authors: Dixon, L., Hackman, A., Lehman, A.

Title: **Consumers as Staff in Assertive Community Treatment Programs.**

Source: Administration and Policy in Mental Health 25(2): 199-208, 1997. (Journal Article: 10 pages)

Abstract: Assertive community treatment (ACT) teams and ACT variants, with their emphasis on rehabilitation and support in the client's natural environment, have hosted consumer-professional collaborations. The authors discuss one such program in which an ACT program for homeless mentally ill adults employed consumer advocates (CAs). CAs were found to have a service profile similar to other staff. Further, there is suggestive evidence that the employment of CAs created a more positive attitude toward persons with mental illnesses. Issues of role definition, boundaries, support with supervision, and the importance of CAs' experiences with mental illness are discussed (authors).

Case Management/ACT

Order #: 7476

Authors: Dixon, L., Kernan, E., Krauss, N., Lehman, A., DeForge, B.R.

Title: **Assertive Community Treatment for Homeless Adults with Severe Mental Illness in Baltimore.**

Source: In Breakey, W.R. and Thompson, J.W. (eds.), *Mentally Ill and Homeless: Special Programs for Special Needs*. Amsterdam, The Netherlands: Harwood Academic Publishers, 51-74, 1997. (Book Chapter: 24 pages)

Abstract: This chapter describes the implementation of the Assertive Community Treatment (ACT) program for homeless adults with serious mental illness in Baltimore. This program represented the coordinated efforts of a community mental health center (the Walter P. Carter Center), a university research program (Center for Mental Health Services Research at the University of Maryland), a provider of health services for the homeless (Health Care for the Homeless), and a homeless shelter (Project PLASE), all under the organizing sponsorship of a city-wide local mental health authority (Baltimore Mental Health Systems, Inc). The topics discussed include the clinical program, the research component of the program, and the lessons learned from both the clinical and research components.

Order #: 7530

Authors: Dixon, L., Stewart, B., Krauss, N., Robbins, J., Hackman, A., Lehman, A.

Title: **The Participation of Families of Homeless Persons with Severe Mental Illness in an Outreach Intervention.**

Source: *Community Mental Health Journal* 34(3): 251-259, 1998. (Journal Article: 9 pages)

Abstract: This article describes how an assertive community treatment (ACT) team that employs a family outreach worker interacts with homeless persons with severe mental illness and their families. The team's ratings of the frequency and the importance of clients' and treatment team's family contact are summarized and compared with independent research reports on patients' satisfaction with family relations, housing, and hospitalization outcomes. Seventy-three percent of clients had contact with their families, and ACT worked with 61% of these families. Findings showed that client days in stable housing were associated with increased ACT family contact. The authors contend that the role of the family outreach worker should be explored further (authors).

Order #: 6952

Authors: Dixon, L., Weiden, P., Torres, M., Lehman, A.

Title: **Assertive Community Treatment and Medication Compliance in the Homeless Mentally Ill.**

Source: *American Journal of Psychiatry* 154(9): 1302-1304, 1997. (Journal Article: 3 pages)

Abstract: This article describes a study that examined medication compliance rates among a group of homeless mentally ill subjects who received assertive community treatment. Medication compliance of 77 homeless persons referred to an assertive community treatment program was evaluated at baseline and quarterly for one year. Results from the study indicated that 29% of the cohort was compliant at entry into the program. Compliance increased after three months to 57% and remained high throughout the year. Medication compliance was also found to be associated with fewer psychiatric symptoms but not with better housing placements or fewer days in the hospital. The authors conclude the results of this study to suggest that assertive community treatment intervention rapidly improves medication compliance rates among homeless persons (authors).

Case Management/ACT

Order #: 2796

Authors: Dixon, L.B., Krauss, N., Kernan, E., Lehman, A.F., DeForge, B.R.

Title: **Modifying the PACT Model to Serve Homeless Persons with Severe Mental Illness.**

Source: Psychiatric Services 46(7): 684-688, 1995. (Journal Article: 22 pages)

Abstract: This paper describes an urban application of the Assertive Community Treatment (ACT) model for homeless persons with serious mental illnesses. The structure of ACT Team, phases of treatment, and problem areas and interventions are described. Particular emphasis is given to how the ACT approach both adhered to and deviated from the prototypical PACT model. Some preliminary outcomes from the formal evaluation of the program are presented with questions for the next stage of program/model development (authors).

Order #: 7399

Authors: Drake, R.E.

Title: **Editorial: Brief History, Current Status, and Future Place of Assertive Community Treatment.**

Source: American Journal of Orthopsychiatry 68(2): 172-175, 1998. (Journal Article: 4 pages)

Abstract: This article presents a brief synopsis of the development and progress of the Assertive Community Treatment (ACT) model. The author presents a short history of ACT, reviews research on the treatment model, discusses its present status, and presents thoughts on the future of ACT. Recommendations are made to further the implementation of ACT, and the author warns that a failure to continue research on the ACT model could undermine the potential of its future.

Order #: 7403

Authors: Drake, R.E., McHugo, G.J., Clark, R.E., Teague, G.B., Xie, H., Miles, K., Ackerson, T.H.

Title: **Assertive Community Treatment for Patients with Co-Occurring Severe Mental Illness and Substance Use Disorder: A Clinical Trial.**

Source: American Journal of Orthopsychiatry 68(2): 201-215, 1998. (Journal Article: 15 pages)

Abstract: In this article, integrated mental health and substance abuse treatment within an assertive community treatment (ACT) approach was compared to that within a standard case management approach for 223 patients with dual disorders over three years. ACT showed greater improvements on some measures of substance abuse and quality of life, but the groups were equivalent on most other measures. These included stable community days, hospital days psychiatric symptoms, and remission of substance use disorder. The authors conclude that patients who received treatment through ACT experienced only slightly greater improvements, and these statistical differences did not translate into differences in rates of stable remission of substance use disorder (authors).

Case Management/ACT

Order #: 10542

Authors: Dvoskin, J.A., Steadman, H.J.

Title: Using Intensive Case Management to Reduce Violence by Mentally Ill Persons in the Community.

Source: Hospital and Community Psychiatry 45(7): 679-684, 1994. (Journal Article: 6)

Abstract: Aggressive and intensive case management and a comprehensive array of community support services are the keys to reducing the risk of violence by people with serious mental illness in the community .The authors describe the elements of intensive case management for potentially violent clients, including use of individual case managers responsible for small case loads, 24-hour availability of case managers, and strong linkages to agencies providing mental health services, substance abuse treatment, and social services as well as to the criminal justice system. They summarize the results of three recent studies of intensive case management programs suggesting that this intervention is effective in reducing clients' dangerousness in the community. They discuss cultural and human resource issues that affect planning of intensive case management services. Intensive case managers need to be "boundary spanners" with the training, experience, and personality to bridge the often-broad gap between human service and criminal justice systems.

Order #: 7400

Authors: Essock, S.M., Drake, R.E., Burns, B.J.

Title: A Research Network to Evaluate Assertive Community Treatment: Introduction.

Source: American Journal of Orthopsychiatry 68(2): 176-178, 1998. (Journal Article: 3 pages)

Abstract: A research collaboration on Assertive Community Treatment (ACT) was begun almost a decade ago to re-evaluate the efficacy of the model both in terms of quality of care and cost-effectiveness. In this article, the research network, as well as a new research series, is described, and directions for future research are suggested. The authors recommend studies on services within ACT, stating that services research studies are most likely to influence policy if they are readily interpretable within a context of related studies.

Order #: 7401

Authors: Essock, S.M., Frisman, L.K., Kontos, N.J.

Title: Cost-Effectiveness of Assertive Community Treatment Teams.

Source: American Journal of Orthopsychiatry 68(2): 179-190, 1998. (Journal Article: 12 pages)

Abstract: This article sought to determine the cost-effectiveness of Assertive Community Treatment (ACT) teams for people with serious mental illness who are frequent users of intensive services within Connecticut's public mental health system. Clients who were high service users were randomly assigned to ACT or to standard case management (SCM) at three sites and followed for 18 months. Clients in ACT spent more days in the community than did those in SCM, at no additional cost. ACT clients averaged 51 fewer hospital days during the 18 months. For clients who were hospitalized at study entry, ACT was more cost-effective than SCM (authors).

Case Management/ACT

Order #: 3105

Authors: Essock, S.M., Kontos, N.

Title: **Implementing Assertive Community Treatment Teams.**

Source: Psychiatric Services 46(7): 679-683, 1995. (Journal Article: 5 pages)

Abstract: The Connecticut Department of Mental Health began to put together assertive community treatment (ACT) teams in 1987. In this article, the authors describe the approach taken by the department in defining the assertive community treatment model, in creating new assertive community treatment teams, and in monitoring the creation and functioning of these teams to ensure that fidelity to the ACT model is maintained. According to the authors, ACT teams can be created even in the absence of funding for new staff by reconfiguring current community-based staff and by moving staff from state hospitals to the community (authors).

Order #: 1389

Authors: First, R.J., Rife, J.C., Kraus, S.

Title: **Case Management With People Who Are Homeless and Mentally Ill: Preliminary Findings From An NIMH Demonstration Project.**

Source: Psychosocial Rehabilitation Journal 13(4): 87-91, 1990. (Journal Article: 5 pages)

Abstract: Although case management services for homeless people with mental illnesses are receiving increased attention, little research has been completed that examines program implementation issues. Based on evaluation results from the first 27 months of the National Institute of Mental Health (NIMH) services demonstration project, this article reports preliminary findings on barriers to implementation of the intensive case management approach. Findings address two issues: (1) linking homeless clients to services; and (2) maintaining client contact following placement in housing (authors).

Order #: 8629

Authors: Francis, L.E.

Title: **Conflicting Bureaucracies, Conflicted Work: Dilemmas in Case Management for Homeless People with Mental Illness.**

Source: Journal of Sociology and Social Welfare 27(2): 97-111, 2000. (Journal Article: 15 pages)

Abstract: This ethnographic study finds a case management agency torn between the rules of two conflicting bureaucracies. Funded by a federal grant, the agency is administered by the county and the regulations of the two systems turn out to be incompatible. This conflict creates dilemmas in providing services to clients: meeting eligibility criteria for many county services. Agency staff reacted to this dilemma by bending rules, finding loopholes, and investing extra time and emotional labor in each client. The role-conflict engendered by bureaucratic disjunction creates frustration, resentment, and burnout within the agency (author).

Order #: 3828

Authors: Greenley, J.R.

Title: **Madison, Wisconsin, United States: Creation and Implementation of the Program of Assertive Community Treatment (PACT).**

Source: In R. Schulz, R. Greenley (eds.), *Innovating in Community Mental Health: International Perspectives*. Westport, CT: Praeger, 1995. (Book Chapter: 13 pages)

Abstract: In this paper the author discusses and explains the Program of Assertive Community Treatment (PACT) as an organizational and treatment intervention. Included is a framework for innovation and change to improve the quality of life of persons with serious mental illness.

Case Management/ACT

Order #: 3367

Authors: Harris, M., Bergman, H.C. (eds.).

Title: **Case Management for Mentally Ill Patients: Theory and Practice.**

Source: Independence, KY: Harwood Academic Publishers, 1993 (Book: 286 pages)

Abstract: This book examines the theoretical underpinnings of case management models which have proliferated in the field of mental health. The authors review four case management models to illustrate the role of theory in the evolution of a practice model and in the development of a research agenda. These models include: clinical case management; contextual case management; social network case management; and rehabilitation-oriented case management.

Available From: Harwood Academic Publishers, 10650 Toeppen Drive, Independence, KY 41051, (800) 634-7064, cserve@routledge-nv.com. (COST: \$35.00) (ISBN 3-7186-0565-1)

Order #: 3263

Authors: Harron, B.

Title: **Hospital Without Walls.**

Source: Durham, NC: Division of Social and Community Psychiatry, Duke University Medical Center, 1993. (Videotape: 48 minutes)

Abstract: This video was developed by the Division of Social and Community Psychiatry, Department of Psychiatry, at Duke University Medical Center with support from the National Institute of Mental Health (NIMH) and the Center Mental Health Services (CMHS). Its goal is to introduce the Program for Assertive Community Treatment (PACT), a program model which addresses the treatment and services needs of people with serious psychiatric disabilities within a community setting, to clinicians, policy makers, consumers, and their families. Viewers learn how the PACT approach works through an in-depth look at a PACT program in Charleston, S.C., called OUTREACH. Aside from personal accounts of OUTREACH clients, the cameras also follow the staff on their daily rounds from a client's visit to the health department to daily medication deliveries. Research findings on the efficacy of the PACT model are also presented (authors).

Available From: Marvin Swartz, M.D., Division of Social and Community Psychiatry, Duke University Medical Center, 239 Civitan Building, Box 3173 Medical Center, Durham, NC 27708, (919) 684-8676, www.psychiatry.mc.duke.edu. (COST: \$25.00).

Order #: 6928

Authors: Herinckx, H.A., Kinney, R.F., Clarke, G.N., Paulson, R.I.

Title: **Assertive Community Treatment Versus Usual Care in Engaging and Retaining Clients with Severe Mental Illness.**

Source: Psychiatric Services 48(10): 1297-1306, 1997. (Journal Article: 10 pages)

Abstract: This article describes a study that compared two assertive community treatment teams with a usual-care control condition based on their ability to engage and retain clients with serious and persistent mental illness in community-based mental health services. Data were collected and reported on 174 clients regarding engagement, retention, and other variables that might be significantly associated with length of retention in treatment. Results indicated that assertive community treatment teams retained 68% of their clients, compared with 43% in usual care. In both types of treatment, clients were at greatest risk of dropping out of services during the first nine months. In addition, usual-care clients were more than twice as likely to drop out for reasons related to dissatisfaction with treatment. The authors concluded that assertive community treatment clearly demonstrated a greater ability than usual care services to engage and retain clients in community mental health care (authors).

Case Management/ACT

Order #: 12265

Authors: Heslin, K., Andersen, R., Gelberg, L.

Title: Case Management and Access to Services for Homeless Women.

Source: Journal of Health Care for the Poor and Underserved 14(1): 34-51, 2003. (Journal Article: 17 pages)

Abstract: This study estimates the proportion of homeless women with case managers and the associations of case management with access to shelter, food stamps, Special Supplemental Nutrition Program for Women, Infants and Children (WIC), and general medical care. Nine hundred seventy four homeless women were sampled in Los Angeles County in 1997 and asked about their use of services and whether they had case managers. Approximately 56 percent of respondents had case managers. The authors state that having a case manager was associated with greater odds of using food stamps and of finding shelter without difficulty in the previous 30 days, but not with use of WIC or with unmet needs for medical care. The article suggests that more assertive forms of outreach may be necessary to link this population to case managers and a broader range of services (authors).

Order #: 10967

Authors: Holloway, F., Carson, J.

Title: Case Management: An Update.

Source: International Journal of Social Psychiatry 47(3): 21-31, 2001. (Journal Article: 11 pages)

Abstract: This article updates a 1991 article on the same topic. Case management in its various forms represents a major innovation in mental health care. Its efficacy, however, remains controversial. Descriptive literature and controlled trials of case management and its derivative Assertive Community Treatment (ACT) was accessed through four comprehensive and systematic reviews of the literature, repeated Medline and Embase searches and personal contacts. The concept of case management has continued to evolve over the past decade. No controlled trial has been published exploring the model of the case manager as a service broker without responsibility for the provision of care. Basic case management principles have frequently been incorporated within routine clinical practice. Published controlled trials of ACT, which were almost exclusively carried out in North America, have shown markedly positive results. However, caution is required in extrapolating these findings to routine clinical practice with different systems of health and social care. Case management is not in itself an effective treatment for severe mental illness (authors).

Order #: 1652

Authors: Jansen, A., Masterton, T., Norwood, L., Viventi, M.

Title: Harbinger Team IV: Assertive Community Treatment for People with the Dual Diagnosis of Mental Illness and Substance Abuse.

Source: Innovations & Research 1(2): 11-17, 1992. (Journal Article: 7 pages)

Abstract: Responding to increasing numbers of persons who present signs of both mental illness and substance abuse, Kent County Community Mental Health in Grand Rapids, Michigan, has developed a program that unifies the disciplines to treat people with dual diagnosis. The objectives of this program are to implement and evaluate the concept of providing assertive community treatment (ACT) to clients who are dually diagnosed with mental illness and substance abuse. Harbinger is an ACT program that intervenes in many aspects of clients' lives to help them remain in the community. The program provides intensive community support during periods of crisis and continuous access to community treatment programs. Methods include medication and money management, vocational assistance, and advocacy with other human service systems (authors).

Case Management/ACT

Order #: 7841

Authors: Johnsen, M., Samberg, L., Calsyn, R., Blasinsky, M., Landow, W., Goldman, H.

Title: **Case Management Models for Persons Who Are Homeless and Mentally Ill: The ACCESS Demonstration Project.**

Source: Community Mental Health Journal 35(4): 325-346, 1999. (Journal Article: 22 pages)

Abstract: This article presents data about case management approaches employed within a quasi-experimental study -- the Center for Mental Health Services' Access to Community Care and Effective Services and Supports (ACCESS) program. The study describes the models and implementation of case management used by the ACCESS programs to determine the extent of variation across the 18 ACCESS sites. The authors review the literature related to assertive community treatment (ACT) and case management. Program description are provided, characterizing similarities and differences and initial results of a study designed to assess how closely these programs adhere to the principles of ACT. The authors conclude by discussing implications of this evaluation for the ACCESS demonstration and other multi-site service and system demonstrations (authors).

Order #: 8678

Authors: Kaspro, W.J., Rosenheck, R.A., Frisman, L., DiLella, D.

Title: **Referral and Housing Processes in a Long-Term Supported Housing Program for Homeless Veterans.**

Source: Psychiatric Services 51(8): 1017-1023, 2000. (Journal Article: 7 pages)

Abstract: The article examines client characteristics, case management variables, and housing features associated with referral, entry, and short-term success in a Department of Veterans Affairs (VA) national intensive case management and rental assistance program for homeless veterans. Information collected from homeless veterans at the time of initial outreach contact and from case managers during the housing search. Those referred were more likely to be female, to have more sources of income, to have recently used VA services, and to have serious mental health problems. Once in the program, 64% of veterans eventually moved into an apartment, and 84% of those who obtained an apartment were stably housed one year later. In general, activities of case managers, such as accompanying the veteran to the public housing authority and securing additional sources of income, were associated with success in the housing process. This supported housing program was judged appropriate for a small percentage of eligible veterans. However, a large proportion of clients were successful in attaining permanent housing, which lends support to the effectiveness of the supported housing approach (authors).

Order #: 7782

Authors: Kirby, M.W., Braucht, N., Brown, E., Krane, S., McCann, M., VanDeMark, N.

Title: **Dyadic Case Management as a Strategy for Prevention of Homelessness Among Chronically Debatile Men and Women with Alcohol and Drug Dependence.**

Source: Alcohol Treatment Quarterly 17(1/2): 53-71, 1999. (Journal Article: 19 pages)

Abstract: The PROUD (Project to Reduce Over-Utilization of Detoxification) Homelessness Prevention Project of Arapaho House, Inc., in Denver uses a pair or dyad of case managers to address the individualized client needs of a target population characterized chiefly by chronic utilization of public detoxification services. Based on a Stages of Change model, PROUD aims to offer a cost-effective managed-care strategy for reducing over-utilization while simultaneously coordinating a more optimal mix of substance abuse and housing services. The intervention model focuses on intensive contact with clients, including recruitment, engagement, relationship- and skills-building, housing stabilization, and advocacy. Informal evaluations have shown PROUD to be effective in reducing the number of days and the number of episodes of detoxification.

Case Management/ACT

Order #: 7974

Authors: Klinkenberg, W.D., Calsyn, R.J., Morse, G.A.

Title: **The Helping Alliance in Case Management for Homeless Persons with Severe Mental Illness.**

Source: Community Mental Health Journal 34(6): 569-578, 1998. (Journal Article: 10 pages)

Abstract: This article examined the role of the helping alliance in case management with homeless persons who have a severe mental illness. A strong alliance after two months of treatment was marginally associated with three outcomes: higher consumer satisfaction, less severe global symptom severity, and greater hostility. The only outcome associated with the alliance after 14 months of treatment was consumer satisfaction. Several variables predicted a strong helping alliance at month two including: being African-American; low hostility; more perceived needs; and more program contacts. The only variable that predicted a strong alliance at month 14 was a strong alliance at month two (authors).

Order #: 13113

Authors: Kopelowicz, A., Liberman, R.P.

Title: **Integrating Treatment With Rehabilitation for Persons With Major Mental Illnesses.**

Source: Psychiatric Services 54(11): 1491-1498, 2003. (Journal Article: 8 pages)

Abstract: In this article, the authors explore how psychiatric treatment and rehabilitation are integrated, and how seamless approaches are aimed at restoring persons with major mental disorders to their best possible level of functioning and quality of life. Driven by a thorough assessment, treatment and rehabilitation are keyed to the stage and type of each individual's disorder. The authors give examples of coordinated treatment and rehabilitation, such as pharmacotherapy, supported employment, social skills training, family psychoeducation, assertive community treatment, and integrated programs for persons with dual diagnoses. The authors conclude by proposing seven principles to guide mental health practitioners in their integration of pharmacologic and psychosocial interventions (authors).

Order #: 3132

Authors: Lachance, K.R., Santos, A.B.

Title: **Modifying the PACT Model: Preserving Critical Elements.**

Source: Psychiatric Services 46(6): 601-604, 1995. (Journal Article: 4 pages)

Abstract: This paper discusses issues concerning the modification of the Program for Assertive Community Treatment (PACT) model especially for use in rural areas. The authors focus on six basic elements of the PACT model: multi-service teams; 24-hour service availability; small caseloads that do not vary in composition; ongoing and continuous services; assertive outreach; and psychosocial rehabilitation. They describe how programs in South Carolina that are using variations of the PACT model have retained these elements and achieved desired outcomes with smaller teams operating on modified schedules (authors).

Case Management/ACT

Order #: 3292

Authors: Landsberg, G., Rock, M.

Title: County Mental Health Directors' Evaluation of a Statewide Intensive Case Management Program: The New York State Experience.

Source: The Journal of Mental Health Administration 21(2): 193-200, 1994. (Journal Article: 8 pages)

Abstract: The New York State Office of Mental Health developed an intensive, statewide case management program in 1988, where county mental health directors were the key players in its development and operationalization. This article reports the results of a statewide survey administered to these directors over three years after the program's implementation to determine its degree of success. Overall, the program was viewed as effective for individual clients, particularly those most in need of services. However, with respect to overall systems change, there was more variability in results. The authors suggest that a combination of strategies to reduce fragmentation within the mental health system and increase collaboration between service providers should be considered by state mental health authorities.

Order #: 2746

Authors: Landsberg, G., Rock, M.

Title: Mental Health Systems Coordination: The Intensive Case Management Program in New York City.

Source: Administration and Policy in Mental Health 22(2): 115-130, 1994. (Journal Article: 17 pages)

Abstract: According to the authors, delivery of mental health services is confronted by two issues: fragmentation of the mental health system and the system's failure to meet the needs of individuals with serious mental illnesses. The New York City Intensive Case Management Programs is studied as a program designed to coordinate services for persons with serious mental illnesses in spite of the City's highly fragmented and complex urban mental health system. Activities that promote services integration are also described (authors).

Order #: 8118

Authors: Lehman, A.F., Dixon, L., Hoch, J.S., DeForge, B., Kernan, E., Frank, R.

Title: Cost-Effectiveness of Assertive Community Treatment for Homeless Persons with Severe Mental Illness

Source: British Journal of Psychiatry 174: 346-352, 1999. (Journal Article: 7 pages)

Abstract: This article evaluated the cost-effectiveness of an assertive community treatment (ACT) program for homeless persons with severe mental illness (SMI) in Baltimore. A total of 152 homeless persons with SMI were randomly allocated to either ACT or usual services. Direct treatment costs and effectiveness, represented by days of stable housing, were assessed. Compared with usual care, ACT costs were significantly lower for mental health inpatient days and mental health emergency room care, and significantly higher for mental health outpatient visits and treatment for substance misuse. ACT patients spent 31% more days in stable housing. ACT and usual services incurred \$242 and \$415 respectively in direct treatment costs per day of stable housing, an efficiency rating of 0.58 in favor of ACT. The authors conclude that ACT provides a cost-effective approach to reducing homelessness among persons with severe and persistent mental illness (authors).

Case Management/ACT

Order #: 6389

Authors: Lehman, A.F., Dixon, L.B., Kernan, E., DeForge, B.R.

Title: **A Randomized Trial of Assertive Community Treatment for Homeless Persons with Severe Mental Illness.**

Source: Archives of General Psychiatry 54: 1038-1043, 1997. (Journal Article: 6 pages)

Abstract: The authors describe an experiment which evaluated the effectiveness of an innovative program of Assertive Community Treatment (ACT) team for homeless persons with severe and persistent mental illnesses. One hundred fifty-two homeless persons with serious mental illness were randomized to either the experimental ACT team or to usual community services. Baseline assessments included the Structural Clinical Interview for DSM-III-R (SCID), Quality of Life Interview, Colorado Symptom Index, and the Medical Outcome Study Short Form. All assessments (except the SCID) were repeated at two, six, and 12 month follow-up. ACT patients utilized significantly fewer psychiatric outpatient visits than the comparison subjects. ACT patients also spent significantly more days in stable community housing, and they experienced significantly greater improvements in symptoms, life satisfaction, and perceived health status. The authors conclude that relative to usual community care, the ACT team for homeless persons with serious mental illness shifted the locus of care from crisis-oriented services to on-going outpatient care, and produced better housing, clinical, and life satisfaction outcomes (authors).

Order #: 10596

Authors: Majka, G.

Title: **A Case Management, Education, and Prevention Program at a Small Emergency Shelter for Homeless Men: One's Nurse's Experience**

Source: Journal of Emergency Nursing, 27(3): 255-259, 2001. (Journal Article: 5 pages)

Abstract: This article discusses one nurse's experience in providing on site health care for people in a homeless shelter. It presents the nurse's thoughts about working with people at the shelter as well as some of the common medical problems faced by those at the shelter. In this article Gene Majka describes his experiences working in a small emergency shelter for homeless men. It started out as a 100 hour practicum in a graduate cultural diversity class at DePaul, for which he had to select an unfamiliar group of people who were medically underserved. The author is now servicing this shelter full time. He presently runs the shelter's health care case management program. He has finished his graduate studies as an adult nurse practitioner and hopes to obtain a collaborative agreement with a physician to provide a wider range of primary services for the men at the shelter. He is also working with the shelter staff on a proposal for a homeless respite program, which would include having a 24-hour place (possibly an apartment) for the homeless who are in between hospital discharge and the shelter and need a place to recover.

Case Management/ACT

Order #: 5664

Authors: Manderscheid, R.W., Henderson, M.J.

Title: **Federal and State Legislative and Program Directions for Managed Care: Implications for Case Management.**

Source: Rockville, MD: Center for Mental Health Services, 1995. (Report: 11 pages)

Abstract: This report describes the current and anticipated federal and state legislative and regulatory activities that are relevant to managed care. The authors explain the major objectives at the federal and state levels, give a background on managed care development and a description of current status. Four predictions are discussed including: (1) managed care will continue to grow, particularly for public sector services; (2) the mental health and substance abuse "carve out" will become a "carve in"; (3) mental health and substance abuse providers will organize specialty networks and will participate in health care networks to compete with managed care organizations for private and public sector contracts; and (4) non-traditional HMOs may become a preferred vehicle for managing care, in contrast to the network approach of managed care organizations. The authors also conclude that managed care has changed the context of case management dramatically and irreversibly. They contend that different configurations of case management must be properly budgeted to develop annual capitation rates for population pools that require different intensities of services.

Available From: SAMHSA's National Mental Health Information Center, P.O. Box 42490, Washington, DC 20015, (800) 789-2647, www.mentalhealth.org.

Order #: 7811

Authors: McBride, T.D., Calsyn, R.J., Morse, G.A., Klinkenberg, W.D., Allen, G.A.

Title: **Duration of Homeless Spells Among Severely Mentally Ill Individuals: A Survival Analysis.**

Source: Journal of Community Psychiatry 26(5): 473-490, 1998. (Journal Article: 16 pages)

Abstract: This article describes a study that aimed to identify predictors of the duration of homeless spells among persons with severe mental illness. The sample consisted of 215 individuals who had participated in two experiments evaluating the effectiveness of various treatment programs for homeless individuals. Persons who received assertive community treatment exited homelessness sooner than individuals who received brokered case management, outpatient treatment, or services from a drop-in center. More assistance in finding and maintaining housing were especially predictive of shorter homeless spells. Inclusion of variables which varied over time reduced the impact of many of the demographic variables in the model. The authors conclude that, in general, persons who received more services exited homelessness sooner (authors).

Order #: 7233

Authors: McDonel, E.C., Bond, G.R., Salyers, M., Fekete, D., Chen, A., McGrew, J.H., Miller, L.

Title: **Implementing Assertive Community Treatment Programs in Rural Settings.**

Source: Administration and Policy in Mental Health 25(2): 153-173, 1997. (Journal Article: 21 pages)

Abstract: The authors present a controlled evaluation of a rural adaptation of the assertive community treatment (ACT) model for clients with serious and persistent mental illness (SPMI). Four rural community mental health settings adopted an ACT model, while a fifth site blended ACT principles with those of the Rhinelander model, another approach to case management for persons with SPMI. A broad array of client and system outcomes were evaluated at six, 12, and 24 months into the intervention. Twelve-month findings alerted the authors to potential problems and weaknesses that were evaluated and addressed. Small positive findings at 24 months suggested the corrections may have had an impact. The authors also provide descriptive data on the challenges of implementing complex services models, giving particular attention to barriers to mental health service provision that are uniquely rural (authors).

Case Management/ACT

Order #: 7235

Authors: McFarlane, W.R.

Title: **FACT: Integrating Family Psychoeducation and Assertive Community Treatment.**

Source: Administration and Policy in Mental Health 25(2): 191-198, 1997. (Journal Article: 8 pages)

Abstract: The authors state that recent research suggests a possible additive effect on selected outcomes when the family psychoeducation and assertive community treatment (ACT) approaches are integrated. This article reviews the role of family support and intervention in the care of persons with serious mental illnesses, presents the research literature on psychoeducation, and highlights benefits of merging the multiple-family version of this approach into the work of ACT programs. The article concludes that the combination of the two approaches achieve what the developers of ACT intended: full community integration and full coordination of treatment effort (author).

Order #: 5818

Authors: McFarlane, W.R., Dushay, R.A., Statsny, P., Deakins, S.M., Link, B.

Title: **A Comparison of Two Levels of Family-Aided Assertive Community Treatment.**

Source: Psychiatric Services 47(7): 744-750, 1996. (Journal Article: 7 pages)

Abstract: This article describes a study which examined differences in outcomes for patients with schizophrenic disorders who were receiving assertive community treatment based on whether their families were involved in their treatment more intensively in psychoeducational multifamily groups or episodically in crisis family intervention. Results show that patients in multifamily group treatment had higher employment rates during the study. In both treatment conditions family members reported significant improvements in their objective and subjective burden; in friction, dissatisfaction, and overinvolvement with the patient; and in the patient's functioning. The results suggest that systematic family involvement enhances the rehabilitation and family-related outcomes of assertive community treatment. Also, patients in multifamily group treatment had better employment outcomes (authors).

Order #: 7234

Authors: McGrew, J.H., Bond, G.R.

Title: **The Association Between Program Characteristics and Service Delivery in Assertive Community Treatment.**

Source: Administration and Policy in Mental Health 25(2): 175-189, 1997. (Journal Article: 15 pages)

Abstract: The authors describe the relationship between service intensity and staffing, organizational, client, and site characteristics in 19 programs based on the Thresholds Bridge adaptation of the assertive community treatment (ACT) model. Correlations were examined between 14 program characteristics and intensity of ACT services. Several staffing and organizational attributes were related to service intensity: larger team size, shared caseloads, greater supervisor involvement in direct client services, and assignment of primary responsibility for the client to the team. The potential facilitating responsibility for the client to the team operation and intensive services is discussed as are implications for local implementation of ACT (authors).

Case Management/ACT

Order #: 2985

Authors: McGrew, J.H., Bond, G.R.

Title: **Critical Ingredients of Assertive Community Treatment: Judgments of the Experts.**

Source: Journal of Mental Health Administration 22(2): 113-125, 1995. (Journal Article: 18 pages)

Abstract: Twenty experts on assertive community treatment (ACT) rated the importance of 73 program elements, as well as ideal model specifications such as minimum time commitment for psychiatrists. Although there was agreement among the experts on rating the importance of many of the program elements, there was less agreement in areas such as team structure. Survey responses suggested several areas of increasing emphasis such as vocational and addictions specialists, and a decreasing emphasis on areas like avoidance of office visits. Experts also reported on ideal staffing for ACT team when the most frequently identified disciplines were psychiatrist, nurse, and social worker. Implications for mental health policy, quality assurance and program standards are discussed (authors).

Order #: 3100

Authors: McGrew, J.H., Bond, G.R., Dietzen, L., McKasson, M., Miller, L.D.

Title: **A Multisite Study of Client Outcomes in Assertive Community Treatment.**

Source: Psychiatric Services 46(7): 696-701, 1995. (Journal Article: 5 pages)

Abstract: This study examined outcomes of clients admitted to assertive community treatment (ACT) programs simultaneously implemented at six sites in northeastern Indiana. A total of 212 clients at risk for psychiatric rehospitalization were assessed upon admission and at six-months intervals for 18 months after admissions to ACT programs. Findings indicate that frequency of psychiatric hospitalization was reduced by one-third and the number of inpatients days by 50% after admissions to the program. Progressive improvements also occurred in quality of life as measured by both client and staff ratings (authors).

Order #: 3461

Authors: McGrew, J.H., Bond, G.R., Dietzen, L., Salyers, M.

Title: **Measuring the Fidelity of Implementation of a Mental Health Program Model.**

Source: Journal of Consulting and Clinical Psychology 62(4): 670-678, 1994. (Journal Article: 9 pages)

Abstract: This study evaluated an instrument to measure program fidelity of Assertive Community Treatment (ACT) programs. The objectives were to identify a set of critical ingredients and develop operational definitions for these ingredients of the ACT program model on the basis of expert opinion. The evaluation indicated that program fidelity could be effectively evaluated using this method of measurement (authors).

Order #: 12153

Authors: McGrew, J.H., Pescosolido, B., Wright, W.

Title: **Case Managers' Perspectives on Critical Ingredients of Assertive Community Treatment and on Its Implementation.**

Source: Psychiatric Services 54(3): 370-376, 2003. (Journal Article: 7 pages)

Abstract: The authors of this article sought to identify case managers' perspectives on the critical ingredients of assertive community treatment (ACT). They did this by asking seventy-three ACT teams, that attended the 1997 ACT Conference, to rate the degree to which 16 clinical activities were beneficial to clients and rated the importance of 27 possible critical ingredients of the ideal team as well as the extent to which each ingredient characterized their team. The findings from this study show that case managers strongly endorsed the team approach as well as medical aspects of assertive community treatment. Despite broad consensus on the critical ingredients of the ideal assertive community treatment team, several important ingredients appear to be consistently underimplemented (authors).

Case Management/ACT

Order #: 5595

Authors: McGrew, J.H., Wilson, R.G., Bond, G.R.

Title: Client Perspectives on Helpful Ingredients of Assertive Community Treatment.

Source: Psychiatric Rehabilitation Journal 19(3): 13-21, 1996. (Journal Article: 9 pages)

Abstract: Clients in six assertive community treatment (ACT) programs described features they liked best about ACT. Clients responded to an open-ended question embedded in an interview administered by their case managers. Results show that level of functioning was related to clients' responses: compared to lower functioning clients, higher functioning clients were more likely to mention the helping relationship as a best feature. The authors contend that although ACT services differ in many ways from traditional counseling or psychotherapy, client-identified best aspects of ACT focused more strongly on features of the helping relationship that have been found to be important for counseling in general (authors).

Order #: 11437

Authors: McGrew, J.H., Wilson, R.G., Bond, G.R.

Title: An Exploratory Study of What Clients Like Least about Assertive Community Treatment.

Source: Psychiatric Services 53(6): 761-763, 2002. (Journal Article: 3 pages)

Abstract: This study examines the responses of clients of assertive community treatment programs answered to an open-ended question about what they liked least about assertive community treatment. Of 182 clients, 44 percent reported that they disliked nothing; 21 percent said that they disliked features that are considered to be specific to assertive community treatment, such as home visits, or that have been criticized in the literature, such as intrusiveness; 16 percent said that they were dissatisfied with the under-implementation of elements thought to characterize assertive community treatment, such as frequency of visits; and 19 percent said that they were dissatisfied with general aspects of mental health service delivery, such as an inconvenient office location. Compared with clients of programs with low levels of fidelity to assertive community treatment, clients of high-fidelity programs had fewer complaints about features considered to be specific to assertive community treatment (authors).

Order #: 12558

Authors: McHugo, G.J., Drake, R.E., Teague, G.B., Xie, H.

Title: Fidelity to Assertive Community Treatment and Client Outcomes in the New Hampshire Dual Disorders Study.

Source: Psychiatric Services 50(6): 818-824, 1999. (Journal Article: 7 pages)

Abstract: This study examined the association between fidelity of programs to the assertive community treatment model and client outcomes in dual disorders programs. Assertive community treatment programs in the New Hampshire dual disorders study were classified as low-fidelity programs (three programs) or high-fidelity programs (four programs) based on extensive longitudinal process data. The study included 87 clients with a dual diagnosis of severe mental illness and a comorbid substance use disorders. Sixty-one clients were in the high-fidelity programs, and 26 were in the low-fidelity programs. Client outcomes were examined in the domains of substance abuse, housing, psychiatric symptoms, functional status, and quality of life, based on interviews conducted every six months for three years. The results show that clients in the high-fidelity assertive community treatment programs showed greater reductions in alcohol and drug use and attained higher rates of remission from substance use disorders than clients in the low-fidelity programs. Clients in high-fidelity programs had higher rates of retention in treatment and fewer hospitalization admissions than those in low-fidelity programs. The authors conclude that faithful implementation of, adherence to, the assertive community treatment model for persons with dual disorders was associated with superior outcomes in the substance use domain (authors).

Case Management/ACT

Order #: 6839

Authors: Meisler, S., Blankertz, L., Santos, A., McKay, C.

Title: **Impact of Assertive Community Treatment on Homeless Persons with Co-Occurring Severe Psychiatric and Substance Use Disorders.**

Source: Community Mental Health Journal 33(2): 113-122, 1997. (Journal Article: 10 pages)

Abstract: The authors describe a study that evaluated the impact of an integrated assertive community treatment program on homeless persons with serious mental illness and substance use disorders. High rates of retention in treatment, housing stability, and community tenure were attained, and all but the most severe substance users appeared to gain these benefits. While the intervention appears to be an effective means of retaining in services and monitoring such difficult to treat and costly populations, it did not yield high rates of abstinence and social benefits in severe users (authors).

Order #: 1479

Authors: Mercier, C., Racine, G.

Title: **A Process Study of Case Management With Homeless Women.**

Source: Paper presented at the American Evaluation Association Annual Meeting, Chicago, IL, Nov. 1, 1991. (Presentation: 16 pages)

Abstract: According to the authors, there are some programs favoring a comprehensive approach based on the specific needs of various clients. These programs seek to compliment the resources of the milieu, and promote continuity of care and integration into the community. The subject of this presentation is the detailed study of the activities of two community workers working with 25 homeless women with substance abuse over a period of three years. The critical variables in studying process are the amount and kinds of services, the modalities (individual, family, group, etc.), and the setting (program site or community) (authors).

Available From: National Resource Center on Homelessness and Mental Illness, Policy Research Associates, Inc., 345 Delaware Avenue, Delmar, NY 12054, (800) 444-7415, www.nrchmi.samhsa.gov.

Order #: 7903

Authors: Morse, G.

Title: **A Review of Case Management for People Who Are Homeless: Implications for Practice, Policy, and Research.**

Source: In Fosburg, L.B., Dennis, D.L. (eds.), Practical Lessons: The 1998 National Symposium on Homelessness Research. Delmar, NY: National Resource Center on Homelessness and Mental Illness, 1999. (Book Chapter: 39 pages)

Abstract: This paper first attends to conceptual issues, identifying primary functions and process variables for understanding and describing case management services. The paper next describes models and approaches to case management for various client subgroups and specialty areas. The paper also reviews the empirical literature on homelessness and case management, especially as it relates to treatment effectiveness and critical factors. A number of gaps in the current knowledge of case management are also identified. The final section of the paper presents recommendations on exemplary practices (author).

Case Management/ACT

Order #: 1822

Authors: Morse, G.A., Calsyn, R.J., Allen, G., Tempelhoff, B., Smith, R.

Title: **Experimental Comparison of the Effects of Three Treatment Programs for Homeless Mentally Ill People.**

Source: Hospital and Community Psychiatry 43(10): 1005-1010, 1992. (Journal Article: 6 pages)

Abstract: The authors used a longitudinal experimental design to compare the effectiveness of three community-based treatment programs serving homeless people with mental illnesses in St. Louis including: traditional outpatient treatment offered by a mental health clinic, a daytime drop-in center, and a continuous treatment team program that included assertive outreach, a high staff-to-client ratio, and intensive case management. At 12-month follow-up, clients in all three treatment programs spent fewer days per month homeless, showed fewer psychiatric symptoms, and had increased income, interpersonal adjustment, and self-esteem. Clients in the continuous treatment program had more contact with their treatment program, were more satisfied with their program, spent fewer days homeless, and used more community services and resources than clients in the other two programs (authors).

Order #: 6529

Authors: Morse, G.A., Calsyn, R.J., Klinkenberg, W.D., Trusty, M.L., Gerber, F., Smith, R., Tempelhoff, B., Ahmad, L.

Title: **An Experimental Comparison of Three Types of Case Management for Homeless Mentally Ill Persons**

Source: Psychiatric Services 48(4): 497-503, 1997. (Journal Article: 7 pages)

Abstract: This study compared the effectiveness of three types of case management for people with serious mental illness who were homeless or at risk of homelessness. Subjects recruited from a psychiatric emergency room and inpatient units were randomly assigned to one of three treatment conditions: brokered case management, assertive community treatment (ACT), and ACT augmented by community workers. Compared with clients assigned to broker case management, clients assigned to ACT with community workers had superior outcomes on several variables. Clients in the ACT condition achieved more days in stable housing than those in the other two treatment conditions. No significant treatment group effects were found on income, self-esteem, or substance abuse. The authors conclude that ACT is superior to brokered case management in assisting individuals with serious mental illness who are at risk of homelessness (authors).

Order #: 7230

Authors: Mowbray, C.T., Collins, M.E., Plum, T.B., Masterton, T., Mulder, R.

Title: **Harbinger I: The Development and Evaluation of the First PACT Replication.**

Source: Administration and Policy in Mental Health 25(2): 105-123, 1997. (Journal Article: 19 pages)

Abstract: Harbinger of Grand Rapids, in Kent County, Michigan, was the first replication of the Program in Assertive Community Treatment (PACT) model that sought fidelity and included an experimental design for assessing effectiveness. This article presents the design and results from an initial 30-month and a follow-up 66-month evaluation of Harbinger. The 30-month evaluation showed significant differences favoring Harbinger versus the control group on independent living, employment, and client functioning. At 66-months, there were fewer experimental-control group differences. The discussion focuses on next steps in ACT research, utilizing program theory to better establish the mechanisms for successful intervention models (authors).

Case Management/ACT

Order #: 7231

Authors: Mowbray, C.T., Plum, T.B., Masterton, T.

Title: **Harbinger II: Deployment and Evolution of Assertive Community Treatment in Michigan.**

Source: Administration and Policy in Mental Health 25(2): 125-139, 1997. (Journal Article: 15 pages)

Abstract: The first research replication study of Assertive Community Treatment was conducted at Harbinger of Grand Rapids, in Kent County, Michigan. The Harbinger program influenced significant programmatic changes throughout the public mental health system in Michigan. This paper describes this evolution in community mental health policy and why these changes came about. The state-level strategy to implement replications of Harbinger is described, as well as funding and monitoring mechanisms that have now resulted in more than 100 successful ACT programs in Michigan. The implications for mental health administration include the future of ACT promotion and implementation within the reality of a managed care framework (authors).

Order #: 12702

Authors: Mueser, K., Torrey, W., Lynde, D., Singer, P., Drake, R.

Title: **Implementing Evidence-Based Practices for People with Severe Mental Illness.**

Source: Behavior Modification 27(3): 387-411, 2003. (Journal Article: 24 pages)

Abstract: In this article, the authors describe the Implementing Evidence-Based Practices (EBPs) Project, designed to increase access for people with severe mental illness (SMI) to empirically supported interventions. The EBP Project aims to improve access through development of standardized implementation packages, created in collaboration with different stakeholders, including clinicians, consumers, family members, clinical supervisors, program leaders, and mental health authorities. The background and philosophy of the EBP Project are described, including the six EBPs identified for initial package development: collaborative psychopharmacology, assertive community treatment, family psychoeducation, supported employment, illness management and recovery skills, and integrated dual disorders treatment. The components of the implementation packages are described, as well as the planned phases of the project. The authors conclude that improving access to EBPs for consumers with SMI may enhance outcomes in a cost-efficient manner, helping them pursue their personal recovery goals with the support of professionals, family and friends (authors).

Order #: 7447

Authors: Mueser, K.T., Bond, G.R., Drake, R.E., Resnick, S.G.

Title: **Models of Community Care for Severe Mental Illness: A Review of Research on Case Management.**

Source: Schizophrenia Bulletin 24(1): 37-47, 1998. (Journal Article: 38 pages)

Abstract: In this article the authors describe different models of community care for persons with severe mental illness and review the research literature on case management, including the results of 75 studies. Most research has been conducted on the assertive community treatment (ACT) or intensive case management (ICM) models. Controlled research on ACT and ICM indicated that these models reduce time in the hospital and improve housing stability, especially among patients who are high service users. Research on other models of community care is inconclusive. The authors suggest directions for future research on models of community care, including evaluating implementation fidelity, exploring patient predictors of improvement, and evaluating the role of the helping alliance in mediating outcome (authors).

Case Management/ACT

Order #: 11395

Authors: National Association of Mental Health Planning and Advisory Councils.

Title: **Evidence-Based Assertive Community Treatment: A Guide for Mental Health Planning and Advisory Councils.**

Source: Alexandria, VA: National Association of Mental Health Planning and Advisory Councils, 2001. (Toolkit: 20 pages)

Abstract: This tool kit provides an introduction to evidence-based Assertive Community Treatment (ACT) programs. It will help state mental health planning and advisory council members and others assess the community-based programs and services offered in their state plans for people with serious and persistent mental illnesses. Produced with funding from the Center for Mental Health Services, this booklet is a primer and study guide on ACT. It also includes a bibliography and where to go for more information about ACT.

Available From: NAMHPAC, 1021 Prince Street, Alexandria, VA 22314, (703) 838-7522, www.namhpac.org/pages/resources/PDFs/assertive.pdf

Order #: 3101

Authors: Neale, M.S., Rosenheck, R.A.

Title: **Therapeutic Alliance and Outcome in a VA Intensive Case Management Program.**

Source: Psychiatric Services 46(7): 719-721, 1995. (Journal Article: 3 pages)

Abstract: The therapeutic alliance, or the emotional bond and level of collaboration between the clinician and client, offers one avenue for exploring case manager-client interaction. This study examined associations between the therapeutic alliance and a broader set of outcome measures, including independently assessed outcomes. A total of 143 clients and their case managers in a Veterans Affairs intensive case management program, modeled on the assertive community treatment (ACT) program, provided self-ratings of their therapeutic alliances with their case managers after two years in the program. Strong client-rated alliance was associated only with positive client-perceived outcome. The authors contend that the therapeutic alliance appears to be a significant component of therapeutic effectiveness (authors).

Order #: 11795

Authors: Nieves, E.J.

Title: **The Effectiveness of the Assertive Community Treatment Model.**

Source: Administration and Policy in Mental Health 29(6): 461-480, 2002. (Journal Article: 20 pages)

Abstract: This study sought to determine the benefits of an assertive community treatment model (ACT) versus a continuing day-treatment program (CDTP) for the treatment of chronic mentally ill patients. The study utilized a quasi-experimental design with a matched-groups comparison of outcomes achieved by patients in two community mental health centers in the South Bronx area of New York City. The study assessed outcomes regarding hospital readmissions, quality of life, and housing and vocational rehabilitation. The sample size was 60, with 30 subjects in each group. Due to the small size and baseline differences between groups, nonparametric tests were the primary statistical analyses (authors).

Case Management/ACT

Order #: 1577

Authors: Nikkel, R.E., Smith, G., Edwards, D.

Title: A Consumer-Operated Case Management Project.

Source: Hospital and Community Psychiatry 43(6): 577-579, 1992. (Journal Article: 3 pages)

Abstract: The idea that patients and former patients might be involved in service delivery has become increasingly popular in recent years. Once viewed as an expression of patient protest without clinical merit, self-help services are now, at least in some places, accepted and endorsed by mental health planning authorities. This paper describes the approach of one consumer-operated case management project, the community survival program of Mind Empowered, Inc., a social service agency based in Portland, Ore. The project uses many principles characteristic of other assertive case management programs but differs from them in that it is staffed entirely by people who are recovering from major mental illnesses (authors).

Order #: 5562

Authors: Noordsy, D.E., Drake, R.E.

Title: Case Management.

Source: In Miller, N.S. (ed.), Treating Coexisting Psychiatric and Addictive Disorders. (Book Chapter: 14 pages)

Abstract: Case management has become the dominant form of practice for the community care of individuals with severe mental disorders and is now also used in the care of individuals with addictions. Because models of case management differ widely, we need to be specific about the model. In this chapter the authors present guidelines for case management in the Continuous Treatment Team (CTT). CTT was developed specifically for persons with a dual diagnosis of severe mental disorder and substance use disorder. Initial research indicates that the CTT approach enables most individuals with chronic mental illness to achieve stable emission from addiction (authors).

Order #: 11619

Authors: Ortega A.N., Rosenheck R.

Title: Hispanic Client-Case Manager Matching: Differences in Outcomes and Service Use in a Program for Homeless Persons with Severe Mental Illness.

Source: Journal of Nervous and Mental Disease 190(5):315-323, 2002. (Journal Article: 9 pages)

Abstract: This study examined the effects of client-case manager ethnic and racial matching among white and Hispanic clients who received assertive community treatment in the Access to Community Care and Effective Services and Supports Program (ACCESS). Mental health professionals have responded to ethnic and racial disparities in mental health care by advocating increasing cultural relevancy in treatment. A central component of cultural relevancy is ethnic and racial pairing of clients and providers. Twelve-month outcomes and service use were examined among 242 Hispanic and 2333 white clients seen in the first 3 years of the program. Analysis of covariance was used to evaluate the association of client-case manager ethnic and racial matching with changes in health status and service use from baseline to 12 months after program entry. At baseline, Hispanics had more serious problems than whites on several measures of psychiatric and substance abuse domains, and they also showed less improvement than whites over the next year on several measures of psychiatric status and service use. One significant association with ethnic matching was found: when treated by a Hispanic clinician, Hispanic clients showed less improvement in symptoms of psychosis. These results do not support the hypothesis that ethnic and racial matching improves outcomes or service use. Several explanations are offered for the results (authors).

Case Management/ACT

Order #: 3227

Authors: Packard, G. (ed.).

Title: **Integrated Treatment of Substance Abuse and Mental Illness for Homeless People with Dual Diagnosis**

Source: Concord, NH: New Hampshire-Dartmouth Psychiatric Research Center, 1994. (Manual: 43 pages)

Abstract: The treatment of homeless people with co-occurring mental health and substance use disorders requires the integration of two treatment approaches which have traditionally been separate. In this manual the authors discuss their most recent approaches in the treatment of this population. Since 1987, the New Hampshire mental health system, under a grant from the federal Center for Substance Abuse Treatment, has been using the assertive community treatment (ACT) model to provide treatment to dually diagnosed individuals. This approach has four distinct stages: (1) engagement; (2) persuasion; (3) active treatment; and (4) relapse prevention. Integrating the treatment of both types of disorders for delivery by ACT treatment teams and other forms of intensive case management is a relatively new, and still developing approach. This manual based on the authors experience with dually diagnosed homeless people in Connecticut, New Hampshire, Maine, and Washington, D.C. (authors).

Available From: Karen Dunn, NH-Dartmouth Psychiatric Research Center, 2 Whipple Place, Suite 202, Lebanon, NH 03766, (603) 448-0126, www.dartmouth.edu/dms/psychrc.

Order #: 12024

Authors: Phillips, S.D., Burns, B.J., Edgar, E.R., Mueser, K.T., Linkins, K.W., Rosenheck, R.A., Drake, R.E., McDonel Herr, E.C.

Title: **Moving Assertive Community Treatment Into Standard Practice.**

Source: Psychiatric Services 52: 771-779, 2002. (Journal Article: 9 pages)

Abstract: This article describes the assertive community treatment model of comprehensive community-based psychiatric care for persons with severe mental illness and discusses issues pertaining to implementation of the model. The assertive community treatment model has been the subject of more than 25 randomized controlled trials. Research has shown that this type of program is effective in reducing hospitalization, is more expensive than traditional care, and is more satisfactory to consumers and their families than standard care. Despite evidence of the efficacy of assertive community treatment, it is not uniformly available to the individuals who might benefit from it (authors).

Order #: 2951

Authors: Quinlivan, R., Hough, R., Crowell, A., Beach, C., Hofstetter, R., Kenworthy, K.

Title: **Service Utilization and Costs of Care for Severely Mentally Ill Clients in an Intensive Case Management Program.**

Source: Psychiatric Services 46(4): 365-371, 1995. (Journal Article: 7 pages)

Abstract: This study evaluated the effects of an intensive case management model on clients' use of inpatient and outpatient psychiatric care as well as on the costs of care. Assertive outreach and intensive case management can reduce the number of hospitalizations of clients who are frequent users of inpatient care. In addition, these treatment components can also reduce overall mental health care costs. The study also found that mental health consumers employed as case management aides can play an important role in the delivery of mental health services, particularly with frequent users of inpatient care (authors).

Case Management/ACT

Order #: 3336

Authors: Raif, N.R., Shore, B.K.

Title: **Advanced Case Management: New Strategies for the Nineties.**

Source: Thousand Oaks, CA: Sage Publications, Inc., 1993. (Book: 190 pages)

Abstract: This book provides an overview of issues concerning case management services. It illustrates the diversity of solutions that case managers, their supervisors, and administrators have developed in an emerging practice context. Defining case management as both a practice and a program or system of care, innovative approaches used by case managers as part of their everyday work are highlighted. These include: (1) new forms of outreach and assessment; (2) alternative methods for engaging family members and natural supports; (3) wrap around services plans that use flexible dollars; and (4) emerging strategies that are more responsive to the needs of a culturally diverse constituency. Case management models such as assertive community treatment (ACT), as well as issues concerning cultural competence in treatment are also discussed.

Available From: Sage Publications, Inc., 2455 Teller Road, Thousand Oaks, CA 91320, (805) 499-0721, www.sagepub.com. (COST: \$27.95) (ISBN: 0-8039-3872-1)

Order #: 5819

Authors: Ridgely, M.S., Morrissey, J.P., Paulson, R.I., Goldman, H.H., Calloway, M.O.

Title: **Characteristics and Activities of Case Managers in the RWJ Foundation Program on Chronic Mental Illness.**

Source: Psychiatric Services 47(7): 737-743, 1996. (Journal Article: 7 pages)

Abstract: Case management was seen as the major strategy for integrating mental health, housing, and social supports for clients in the Robert Wood Johnson Foundation Program on Chronic Mental Illness, a five-year multi-site demonstration project designed to test the effects of reorganizing mental health systems in large urban areas. The authors assessed data on case management programs in the demonstration project to try to explain the lack of consistent improvement in clients' outcome that was found in the national evaluation of the project. Case managers tended to become the principal service providers for their clients rather than coordinating service provision among multiple service providers. Case managers reported that their clients received few services from other agencies in the local community support system. The authors conclude that, although lack of change in case managers' activities during the demonstration project may help explain clients' lack of improvement over time, case management by itself does not constitute comprehensive treatment. The authors contend that more attention must be paid to the development and refinement of community-based medical-psychiatric and psychosocial treatments (authors).

Order #: 236

Authors: Ridgway, P., Spaniol, L., Zipple, A.

Title: **Case Management Services for Persons Who are Homeless and Mentally Ill: Report From an NIMH Workshop.**

Source: Boston, MA: Center for Psychiatric Rehabilitation, 1986. (Conference Summary: 69 pages)

Abstract: This report summarizes proceedings of a June 1986 national workshop which focused on service needs of homeless people with mental illnesses. The report includes synopses of 10 presentations on case management services in various settings, such as shelters and community centers. In addition to the service providers' descriptions, the report includes a consumer's presentation on his views of case management. Also included are presentations on training models in these areas: case management, working with people with mental illness, and working with homeless mentally ill individuals. The report concludes with recommendations developed by workshop participants regarding current issues in case management. The recommendations address training and staffing, practice issues, policy concerns, and research needs.

Available From: Boston University Center for Psychiatric Rehabilitation, 940 Commonwealth Avenue West, Boston, MA 02215, (617) 353-3549, www.bu.edu/cpr.

Case Management/ACT

Order #: 456

Authors: Rog, D., Andranovich, G., Rosenblum, S.

Title: **Intensive Case Management for Persons Who are Homeless and Mentally Ill: A Review of CSP and Human Resource Development Program Efforts, Vol. 1-3.**

Source: Rockville, MD: National Institute of Mental Health, 1987. (Report: 112 pages)

Abstract: This three-volume report provides one of the first comprehensive summaries of information on approaches to case management for people with serious mental illnesses who are homeless or at risk of becoming homeless. Information was gathered from literature reviews, an examination of state programs funded by the National Institute of Mental Health (NIMH), an examination of local projects, and an expert panel convened to discuss case management and the homeless mentally ill. Volume One includes chapters on state and local case management efforts, and a summary of the meeting of the expert panel. Volume Two contains a review of state and local case management projects. Volume Three is a highly recommended annotated bibliography of reports, articles, and book chapters on case management services for people with serious mental illnesses. Included are special sections on case management for elderly mentally ill individuals and for youth with special needs.

Available From: National Institute of Mental Health, 6001 Executive Blvd., Room 8184, MSC 9663, Bethesda, MD 20892, (301) 443-4513, www.nimh.nih.gov.

Order #: 6871

Authors: Rog, D.J., Holupka, C.S., McCombs-Thornton, K.L., Brito, M.C., Hambrick, R.

Title: **Case Management in Practice: Lessons from the Evaluation of the RWJ/HUD Homeless Families Program**

Source: In Smith, E.M., Ferrari, J.R. (eds.), *Diversity Within the Homeless Population: Implications for Intervention*. Binghamton, NY: The Haworth Press, 67-82, 1997. (Book Chapter: 16 pages)

Abstract: This chapter focuses on the implementation of services-enriched housing and provides an in-depth look at the structure and operation of case management in the Homeless Families Program, the largest demonstration of services-enriched housing for homeless families to date. The Homeless Families Program was designed to assist nine cities in the development of community-wide systems of comprehensive services for homeless families, and provided housing and services to over 1500 families. Findings indicated that differences were evident in how sites implemented their case management in terms of level of supervision, number of case managers hired, and the intensity of the case management delivered. The authors discuss the factors that influenced the amount and nature of case management in the different sites.

Order #: 7882

Authors: Rohland, B.M., Rohrer, J.E., Tzou, H.

Title: **Broker Model of Case Management for Persons with Serious Mental Illness in Rural Areas.**

Source: *Administration and Policy in Mental Health* 25(5): 549-553, 1998. (Journal Article: 5 pages)

Abstract: In this article, case managers in Iowa's 99 counties were surveyed in order to assess the application of a broker model of case management for persons with serious mental illness who live in a rural state. The utility of this model was evaluated by examining characteristics of case managers, such as education, experience, and caseload, and their perception of the availability and adequacy of community support services within their counties. The authors conclude that three weaknesses -- inconsistent and inappropriate training, restrictions from role as direct service provider, and limited service availability -- diminish the practicality of the broker model in Iowa and other rural states. The authors state that alternative models for case management that are less dependent on referral to existing community resources, such as assertive community treatment, may be more effective in rural areas.

Case Management/ACT

Order #: 10548

Authors: Rosenheck, R.A., Dennis, D.

Title: **Time-Limited Assertive Community Treatment for Homeless Persons With Severe Mental Illness.**

Source: Archives of General Psychiatry 58(11): 1073-1080, 2001. (Journal Article: 8 pages)

Abstract: The assertive community treatment (ACT) model for people with severe mental illness was originally designed to be provided continuously without termination. This study evaluated postdischarge changes in health status and service use associated with the time-limited provision of ACT to people who are homeless with severe mental illness. The study concluded that clients who are homeless with severe mental illness can be selectively discharged or transferred from ACT to other services without subsequent loss of gains in mental health status, substance abuse, housing, or employment (authors).

Order #: 7123

Authors: Russotto, J.C., Hunt, O., Cleaveland, H.F., Fritts, L.M., Hottensetin, P.L., Meressa, M., Slackman, A.H., Temba, G.Y., Wurzbacher, M.F.

Title: **Intensive Case Management Program Manual of The City Of Alexandria Virginia, Community Services Board.**

Source: Alexandria, VA: Alexandria Community Services, 1994. (Manual: 65 pages)

Abstract: This manual provides information about the background and nature of the Alexandria Intensive Case Management Program, established by the Alexandria, Va., Community Services Board. The program seeks to more fully meet the multiple needs of homeless individuals with co-occurring substance abuse and mental illness problems through refinement and expansion of an already existing intensive case management model. The purpose of this manual is to provide professionals in the field with details, ideas, and guidelines sufficient to develop and/or improve the use of an intensive case management approach to meet the needs of the most difficult to serve populations. Background material regarding the program's development, the logic model, implementation of the program, treatment process and clients served, and lessons learned with respect to improving design and delivery of services to homeless people with substance abuse and co-occurring mental disorders is also presented.

Available From: Alexandria Community Services Board, 301 Kings Street, Alexandria, VA 22314, (703) 838-4000, <http://ci.alexandria.va.us/city/community-services/csboct2.html>.

Order #: 11318

Authors: Ryan, C., Sherman, P., Robinson, D.

Title: **Predictors of Decompensation Among Consumers of an Intensive Case Management Program.**

Source: Behavior Therapy 30(1): 453-473, 1999. (Journal Article: 20 pages)

Abstract: This longitudinal study examines consumer characteristics and types of intensive case management services that predict decompensation. Recent work suggests that some people who have severe and persistent mental illness can be transferred to less intensive services without suffering ill effects. The authors examine the trajectories of 86 individuals in an intensive case management program after they attained the highest level of functioning, identifying three patterns: stability, immediate decline followed by improvement, and gradual decline. Number of hospitalizations prior to program entry, being judged suicidal at program entry, and greater use of psychiatric services during program participation consistently predicted decompensation. Substance abuse and psychiatric symptomology at program entry also predicted decompensation, but did so less consistently. Predictors of differences in specific patterns of decompensation are explored (authors).

Case Management/ACT

Order #: 7931

Authors: Sabin, J.E.

Title: Public-Sector Managed Behavioral Health Care: I. Developing an Effective Case Management Program

Source: Psychiatric Services 49(1): 31-33, 1998. (Journal Article: 3 pages)

Abstract: This article describes a successful case management program for public-sector clients operated by the Massachusetts Behavioral Health Partnership, the carve-out provider in Massachusetts since July 1996. The author describes the case management program and discusses the benefits of such a program in the context of public-sector managed behavioral health care.

Order #: 8203

Authors: Salkever, D., Domino, M.E., Burns, B.J., Santos, A.B.

Title: Assertive Community Treatment for People with Severe Mental Illness: The Effect on Hospital Use and Costs.

Source: Health Services Research 34(2): 577-601, 1999. (Journal Article: 25 pages)

Abstract: This article examined the effect of the Program for Assertive Community Treatment (PACT) model on psychiatric inpatient service use in a population of non-emergency psychiatric patients with severe chronic mental illness, and to test for variations in this effect with program staffing levels and patient characteristics such as race and age. A randomized trial of 144 patients was conducted in Charleston, S.C., from August 1989 through July 1991. PACT participants were about 40% less likely to be hospitalized during the follow-up period. The effect was stronger for older patients. The authors conclude that, when controlling for other covariates, PACT significantly reduces hospitalizations but the size of this effect varies with patient and program characteristics (authors).

Order #: 7405

Authors: Salyers, M.P., Masterton, T.W., Fekete, D.M., Picone, J.J., Bond, G.R.

Title: Transferring Clients from Intensive Case Management: Impact on Client Functioning.

Source: American Journal of Orthopsychiatry 68(2): 233-245, 1998. (Journal Article: 13 pages)

Abstract: This article examines the effects of transferring clients from Assertive Community Treatment (ACT) to a less intensive (step-down) case management program. Records were examined from 107 clients who were transferred to a step-down program and 128 ACT-only clients for the period between January 1990 and October 1996. Service use decreased significantly after transfer to the step-down program, and no negative effects of transfer on hospital use or client functioning were evident. Critical elements for successful step-down are suggested and discussed by the authors (authors).

Order #: 7239

Authors: Santos, A.B., ed.

Title: Assertive Community Treatment.

Source: Administration and Policy in Mental Health 25(2): 1997. (Journal:Entire Issue: 139 pages)

Abstract: This journal issue is devoted to assertive community treatment (ACT). The articles in the issue provide a broad overview of issues related to ACT financing strategies, program implementation, statewide dissemination strategies, model adaptation, and refinements. In addition, a description of the Harbinger study in Grand Rapids, Mich., which was the first replication of the ACT model, is included.

Case Management/ACT

Order #: 1546

Authors: Savarese, M. Detrano, T., Koproski, J., Weber, C.M.

Title: Case Management.

Source: In Brickner, P.W., Scharer, L.K., Conanan, B.A., Savarese, M., and Scanlan, B.C. (eds), Under the Safety Net: The Health and Social Welfare of the Homeless in the United States. New York, NY: W.W. Norton & Company, 1990. (Book Chapter: 19 pages)

Abstract: Case management has been defined in a number of ways: (1) a process to link, expedite, facilitate, access, integrate, and coordinate services; (2) a method to affix accountability and responsibility for care; (3) a way to ensure that a community is maximally responsive to the client; and (4) a mechanism to provide direct care in the absence of alternatives. These descriptions suggest that case management is a technique that can be learned and applied in the provision of health care to achieve positive outcomes. In this chapter, the authors describe case management as a tool and also illustrate its potential as a source of support for homeless people (authors).

Order #: 11164

Authors: Schaedle, R., McGrew, J.H., Bond, G.R., Epstein, I.

Title: A Comparison of Experts' Perspectives on Assertive Community Treatment and Intensive Case Management.

Source: Psychiatric Services 53(2): 207-210, 2002. (Journal Article: 4 pages)

Abstract: This study compared expert's views on the critical ingredients of assertive community treatment and intensive case management. Twenty experts on assertive community treatment and 22 experts on intensive case management rated the importance of 40 elements common to each treatment approach. The assertive community treatment experts gave higher importance ratings than the intensive case management experts to 37 of the 40 items; for 21 of these items, the ratings were significantly higher. Differences in importance ratings were greatest for organizational and structural elements and smallest for treatment goals. The results of this study indicate that although intensive case management resembles assertive community treatment in most respects, assertive community treatment may be a more clearly articulated model overall (authors).

Order #: 7915

Authors: Sherman, P.S., Ryan, C.S.

Title: Intensity and Duration of Intensive Case Management Services.

Source: Psychiatric Services 49(12): 1585-1589, 1998. (Journal Article: 5 pages)

Abstract: In this article, two policy issues related to intensive case management programs are examined: limiting caseload size to ensure that services are intensive and providing intensive services to the same clients in perpetuity. Consumers in the Denver intensive case management were surveyed and tracked to evaluate the effects of service duration on decompensation. Of the 112 individuals who graduated from the program in the 29-month study period, four were readmitted. More than half of the 87 consumers who achieved the highest functioning level did not deviate from that level for the remainder of the study period. The authors conclude that to increase efficiency and ensure appropriate service levels, service intensity should be based on individual functioning levels, and that most consumers are unlikely to need intensive case management in perpetuity.

Case Management/ACT

Order #: 10534

Authors: Solomon, P., Draine, J.

Title: One-Year Outcomes of a Randomized Trial of Consumer Case Management.

Source: Evaluation and Program Planning 18(2) 117-127, 1995. (Journal Article: 11)

Abstract: Intensive case management service provided by a mental health consumer team of case managers based in a consumer self-help organization was compared to the services of a team of nonconsumer case managers based in a community mental health center. It was hypothesized that the clients assigned to a consumer team of case managers would have the same outcomes as clients assigned to a team of nonconsumer case managers with regard to behavioral symptomology, a variety of clinical and social outcomes and quality of life for persons served. Ninety-one clients with serious and persistent mental illness were interviewed at baseline and after one year of service. Using a hierarchical block regression analysis for one year outcomes, it was found that these outcomes did significantly differ for the clients of the two teams. The differences lay in less satisfaction with mental health treatment and less contact with family members among clients served by consumer case managers.

Order #: 2327

Authors: Solomon, P., Draine, J.

Title: Family Perceptions of Consumers as Case Managers.

Source: Community Mental Health Journal 30(2): 165-176, 1994. (Journal Article: 10 pages)

Abstract: This article presents the findings of a study concerning satisfaction among families whose relatives were served by consumer case management teams as compared to those whose relatives were served by nonconsumer teams. Overall, study results indicate that family members were satisfied with the case management services without regard to whether or not their relative was served by a consumer or nonconsumer team. According to the authors, families seemed more concerned with continuity in case management services rather than which team was providing service to their relative (authors).

Order #: 2644

Authors: Solomon, P., Draine, J.

Title: Satisfaction with Mental Health Treatment in a Randomized Trial of Consumer Case Management.

Source: Journal of Nervous and Mental Disease 182(3): 179-184, 1994. (Journal Article: 6 pages)

Abstract: In this study, it was hypothesized that clients assigned to a consumer team of case managers would have greater satisfaction with mental health treatment than clients assigned to a team of nonconsumer case managers. Ninety-one clients with serious mental illnesses randomly assigned to consumer and nonconsumer case management teams were interviewed after one year of service. The clients served by the consumer team of case managers were less satisfied with mental health treatment, but attributed this to the personal characteristics of the individual case managers not their consumer status (authors).

Order #: 12069

Authors: Sosin, M.R., Yamaguchi, J.

Title: Case Management Routines and Discretion in a Program Addressing Homelessness and Substance Abuse.

Source: Contemporary Drug Problems 22(2): 317-342, 1995. (Journal Article: 25 pages)

Abstract: This article focuses on a Chicago demonstration project offering housing, subsistence and case management to 136 homeless persons. The authors state that meeting tangible needs was given priority over social control of demeanor, although caseworkers thought this was too lax. The article asserts that the enforcement of eviction after a second failed drug test provided an "outlet point" for resolution of the conflict in goals (authors).

Case Management/ACT

Order #: 1967

Authors: Stein, L.I.

Title: On the Abolishment of the Case Manager.

Source: Health Affairs 11(3): 172-177, 1992. (Journal Article: 6 pages)

Abstract: According to the author, case management programs adopted by most states to take responsibility for the community care of people with serious mental illnesses are inadequate to carry out the complex tasks required to do the job. The problem is identified as structural in nature and stems from the absence of a multidisciplinary approach and insufficient availability. The author recommends a model that corrects for this problem and that specializes in subpopulations of the seriously mentally ill, based on difficulty to manage. The author asserts that the complex set of responsibilities given to case managers cannot be accomplished by one professional discipline. This can better be achieved by multidisciplinary continuous care teams that have the expertise, sufficient staff, and time of operation to carry them out (author).

Order #: 7936

Authors: Stein, L.I., Santos, A.B.

Title: Rural, Dually Diagnosed, and Homeless Populations.

Source: In Stein, L.I., Santos, A.B., Assertive Community Treatment of Persons with Severe Mental Illness. New York, NY: W.W. Norton & Company, 111-130, 1998. (Book Chapter: 20 pages)

Abstract: This chapter addresses four policy-relevant issues associated with the dissemination of Assertive Community Treatment (ACT) services. Specifically discussed are key modifications and adaptations necessary to implement effective ACT programs in rural settings; for homeless populations; to maximize employment opportunities; and to minimize the use of illicit drugs.

Available From: W.W. Norton & Company, 500 Fifth Avenue, New York, NY 10110, (212) 354-5500, www.wwnorton.com.

Order #: 7935

Authors: Stein, L.I., Santos, A.B.

Title: Assertive Community Treatment of Persons with Severe Mental Illness.

Source: New York, NY: W.W. Norton & Company, Inc., 1998. (Book: 274 pages)

Abstract: The aim of this book is to inform all individuals interested in the treatment of this population, including mental health professionals, educators, and clients and their families and friends, as well as other members of the community, about the advantages of the Assertive Community Treatment (ACT) program. It also serves as a manual for those who wish to effectively launch and sustain a program in their own communities. The book first gives a historical perspective on the management of persons with severe mental illness and places the ACT model within that context. It then explains the model's conceptual framework and development, details its day-to-day workings, and describes how its multidisciplinary team work with one another, make group decisions, and share their expertise through cross-training. A number of forms used to assess new client and develop treatment plans are included in the appendix.

Available From: W.W. Norton & Company, 500 Fifth Avenue
New York, N.Y. 10110, (212) 354-5500, www.wwnorton.com. (COST: \$27.00)

Case Management/ACT

Order #: 13048

Authors: Substance Abuse and Mental Health Services Administration.

Title: **Assertive Community Treatment.**

Source: Washington, DC: SAMHSA's National Mental Health Information Center, 2003. (Toolkit (Draft): 0 pages)

Abstract: The Substance Abuse and Mental Health Services Administration (SAMHSA) and its Center for Mental Health Services (CMHS) are pleased to introduce six Evidence-Based Practice Implementation Resource Kits to encourage the use of evidence-based practices in mental health. The Kits were developed as one of several SAMHSA/CMHS activities critical to its science-to-services strategy, and include information sheets for all stakeholder groups, introductory videos, practice demonstration videos, and workbook or manual for practitioners. The goal of Assertive Community Treatment is to help people stay out of the hospital and to develop skills for living in the community, so that their mental illness is not the driving force in their lives. Assertive community treatment offers services that are customized to the individual needs of the consumer, delivered by a team of practitioners, and available 24 hours a day. The program addresses needs related to symptom management, housing, finances, employment, medical care, substance abuse, family life, and activities of daily life (authors).

Available From: SAMHSA's National Mental Health Information Center, P.O. Box 42557, Washington, DC 20015, (800) 789-2647, www.mentalhealth.samhsa.gov.

Order #: 1491

Authors: Swayze, F.V.

Title: **Clinical Case Management With the Homeless Mentally Ill.**

Source: In Lamb, H.R., Bachrach, L.L., Kass, F.I. (eds.), *Treating the Homeless Mentally Ill*. Washington, DC: American Psychiatric Association, 1992. (Book Chapter: 17 pages)

Abstract: This chapter provides an overview of clinical case management for homeless people with mental illnesses. The author contends that clinical case management encompasses a knowledgeable set of treatment strategies and clinical skills in which the clinical case manager focuses simultaneously on treatment and environment. The goals, principles and strategies for engagement are reviewed and case vignettes are presented as examples.

Order #: 3102

Authors: Teague, G.B., Drake, R.E., Ackerson, T.H.

Title: **Evaluating Use of Continuous Treatment Teams for Persons With Mental Illness and Substance Abuse**

Source: *Psychiatric Services* 46(7): 689-695, 1995. (Journal Article: 7 pages)

Abstract: This article reviews an approach to evaluating the implementation of a modified program of assertive community treatment (PACT) model in continuous treatment teams for clients with co-occurring disorders. An evaluation of continuous treatment teams serving persons with co-occurring mental health and substance use disorders at seven sites in New Hampshire are described. Also described are the assessment methods and the criteria for program implementation used in the evaluation (authors).

Case Management/ACT

Order #: 7404

Authors: Teague, T.B., Bond G.R., Drake, R.E.

Title: **Program Fidelity in Assertive Community Treatment: Development and Use of a Measure.**

Source: American Journal of Orthopsychiatry 68(2): 216-232, 1998. (Journal Article: 17 pages)

Abstract: Effective replication of the Assertive Community Treatment (ACT) model and research on critical elements require explicit criteria and measurement. A measure of program fidelity to ACT, the Dartmouth ACT Scale, and the results of its application to 50 ACT-like programs, grouped into four types, are presented in this article. While most of the ACT programs remained generally similar to the model, most differed significantly in at least some criteria. The authors state that these criteria and the overall measure discerned a variety of ACT and ACT-like programs, and also discerned these from conventional programs.

Order #: 8032

Authors: Tsemberis, S.

Title: **From Streets to Homes: An Innovative Approach to Supported Housing for Homeless Adults with Psychiatric Disabilities.**

Source: Journal of Community Psychology 27(2): 225-241, 1999. (Journal Article: 17 pages)

Abstract: This article describes a supported housing program that provides immediate access to permanent independent housing to individuals who are homeless and have psychiatric disabilities. Following housing placement, assertive community treatment (ACT) teams provide treatment, support, and other needed services. The residential stability of tenants in this supported housing program was compared to that of tenants in a linear residential treatment program that serves the same population, but uses a step-by-step sequence of placements moving to supervised independent living. The 139 tenants of the supported housing program achieved a housing retention rate of 84.2% over a three-year period while the rate for 2,864 residents of the comparison program was only 59.6% over a two-year period. Additional data from direct interviews with the supported housing tenants were used to identify factors that predicted client participation in, and satisfaction with, particular services received (author).

Order #: 12424

Authors: United States Department of Housing and Urban Development.

Title: **Case Management Services.**

Source: Washington, DC: U.S. Department of Housing and Urban Development, 2003. (Curriculum: 42 pages)

Abstract: This curriculum is part of the Supportive Housing Training Series, put out by the U.S. Department of Housing and Urban Development. This training is an introduction to the clinical skills needed to help tenants with special needs sustain themselves in supportive housing, including building trust, setting goals, motivating tenants, using referral services and documentation. At the end of this training, participants will be able to identify their role in the helping relationship and increase their skills in providing optimal case management services for tenants of supportive housing (authors).

Available From: U.S. Department of Housing and Urban Development, 451 7th Street, SW, Washington, DC 20410, (202) 708-1112, www.hud.gov.

Case Management/ACT

Order #: 6838

Authors: Vallon, K.R., Foti, M.E., Langman-Dorwart, N., Gatti, E.

Title: **Comprehensive Case Management in the Private Sector for Patients With Severe Mental Illness.**

Source: Psychiatric Services 48(7): 910-914, 1997. (Journal Article: 5 pages)

Abstract: The authors describe a comprehensive case management program designed at Blue Cross Blue Shield of Massachusetts to meet the needs of the most severely ill psychiatric patients in a private managed care environment. The case management program emphasizes involvement of patients in creating comprehensive treatment plans; development of a relationship between case managers, patients and their families, and providers; and clinical coordination between the public and private sectors to create individualized treatment plans. The paper describes service use by the first 33 patients who participated in the program for one year. The need for more information about the administrative arrangements necessary for responsible private managed care for the seriously mentally ill population is discussed (authors).

Order #: 6137

Authors: Vanderburg, J.

Title: **Connections: A Dyadic Case Management, Integrated Treatment Program for Homeless Dually Diagnosed Individuals.**

Source: Thornton, CO: Connections Program, 1996. (Manual: 64 pages)

Abstract: This manual describes Arapahoe House's work with the target population, and presents the dyadic case management system in the context of the comprehensive continuum of services available to Connections clients. Actual intervention from outreach and client identification through long-term continuing care in the community is described, including the program's process, engagement, treatment, and relapse prevention activities. Lessons about strategies that other practitioners may find useful are outlined.

Available From: Arapahoe House, 8801 Lipan Street, Thornton, CO, (303) 657-3700, www.arapahoehouse.org.

Order #: 10139

Authors: Wasmer, D., Pinkerton, M., Dincin, J., Rychlik, K.

Title: **Impact of Flexible Duration Assertive Community Treatment: Program Utilization Patterns and State Hospital Use.**

Source: The Journal of Rehabilitation (Oct./ Nov./ Dec.): 25-30, 1999. (Journal Article: 5 pages)

Abstract: Hospitalizations for sixty-four assertive community treatment (ACT) program members were tracked over a ten year period. Days spent in state psychiatric hospitals continued to decline for all people, even those transferred to mainstream services. A small number of members who were never closed from ACT services showed the greatest overall reduction in hospital days. However, allowing program members to move in and out of ACT as needed produced significant reductions in hospital use and gave the program an opportunity to serve a greater number of people (authors).

Case Management/ACT

Order #: 12687

Authors: White, H., Whelan, C., Barnes, J.D., Baskerville, B.

Title: Survey of Consumer and Non-Consumer Mental Health Service Providers on Assertive Community Treatment teams in Ontario.

Source: Community Mental Health Journal 39(3): 265-276, 2003. (Journal Article: 12 pages)

Abstract: Through a mail-out survey, the authors of this article explored how the consumer position has been integrated into Assertive Community Treatment (ACT) teams. Reflecting the increasing trend of consumers as providers in mental health services, the standards for ACT teams in Ontario, Canada require the hiring of at least 0.5 full-time equivalent consumer as a service provider. It was found that despite some variation in the roles and degree of integration of the consumers on these teams, consumers were generally well-incorporated team members with equal or better job satisfaction as compared to other employees (authors).

Order #: 6557

Authors: Wolff, N., Helminiak, T.W., Morse, G.A., Calsyn, R.J., Klinkenberg, W.D., Trusty, M.L.

Title: Cost-Effectiveness Evaluation of Three Approaches to Case Management for Homeless Mentally Ill Clients.

Source: American Journal of Psychiatry 154(3): 341-348, 1997. (Journal Article: 8 pages)

Abstract: The authors compare the cost-effectiveness of three approaches to case management for individuals with serious mental illness who were at risk for homelessness: assertive community treatment (ACT) alone, ACT with community workers, and brokered case management (purchase of services). Results show that clients assigned to the two ACT conditions had more contact with their treatment programs, experienced greater reductions in psychiatric symptoms, and were more satisfied with their treatment than clients in the brokered condition. Data on 85 people were available for analysis showing there was no statistically significant difference between treatment conditions in terms of the total costs of treating the participants. However, the ACT approaches spent less money on inpatient services than brokered case management, but more on case management services and maintenance (i.e., food stamps, housing subsidies, and SSI payments). The authors conclude that ACT has better client outcomes at no greater costs than brokered case management.